

ESPERANÇA DE FAMÍLIAS QUE CONVIVEM COM COMPORTAMENTO ADITIVO POR TEMPO PROLONGADO

HOPE OF FAMILIES DEALING WITH LONG-TERM ADDICTIVE BEHAVIOR

ESPERANZA DE FAMILIAS QUE CONVIVEN CON COMPORTAMIENTO ADITIVO POR TIEMPO PROLONGADO

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RESUMO

Objetivo: Identificar a esperança de famílias que convivem por tempo prolongado com o comportamento aditivo de um de seus membros. **Métodos:** Estudo transversal com familiares de 29 indivíduos internados com trauma físico associado à intoxicação por drogas de abuso, considerados eventos sentinela em um programa de vigilância epidemiológica das repercussões do uso de drogas em famílias. Foram utilizados um roteiro semiestruturado de entrevista e a Escala de Hopefulness–hopelessness. O teste de *Mann-Whitney* foi empregado para se verificar associações estatísticas. **Resultados:** Os usuários tinham, em média, idade de 40,1 anos e tempo médio de uso de drogas de 20,8 anos. O escore médio de esperança dos familiares foi de 28,81(± 2,83). A idade, o tempo de uso e o poliuso de drogas pelos usuários foram estatisticamente associados aos menores níveis de esperança, enquanto a prática religiosa, pelos familiares, foi estatisticamente associada a maiores níveis de esperança. **Conclusão:** Observou-se um escore médio de esperança baixo, indicando a necessidade de intervenção sobre esse sentimento nas famílias estudadas.

Descritores: Drogas Ilícitas; Alcoolismo; Expectativa de Vida; Relações Familiares; Saúde da Família.

ABSTRACT

Objective: To identify the hope of families who deal with long-term addictive behavior of one of their members. **Methods:** Cross-sectional study with relatives of 29 individuals hospitalized with physical trauma related to drug intoxication of abuse, considered sentinel events in an epidemiological surveillance program on repercussions of drug use on families. We used a semi-structured interview script and the Hopefulness–Hopelessness scale. The Mann-Whitney test was employed to verify statistical associations. **Results:** Users were, on average, 40.1 years old and had a mean time of drug use of 20.8 years. The average hope score of family members was 28.81 (± 2.83). Age, time of use, and use of multiple drugs by users were statistically associated with lower levels of hope, while religious practice by family members was statistically associated with higher levels of hope. **Conclusion:** A low average hope score was observed, indicating the need for intervention on this feeling in the families studied.

Descriptors: Illicit Drugs; Alcoholism; Life expectancy; Family relationships; Family Health.

RESUMEN

Objetivo: Identificar la esperanza de familias que conviven por tiempo prolongado con el comportamiento aditivo de uno de sus miembros. **Métodos:** Estudio retrospectivo y transversal, con familiares de 29 personas internadas con trauma físico asociado a la intoxicación por drogas de abuso, considerados eventos centinela en un programa de vigilancia epidemiológica de las repercusiones del uso de drogas en familias. Se utilizó un guión semiestructurado de entrevista y la Escala de *Hopefulness–hopelessness*. La prueba de *Meann-Whitney* se utilizó para comprobar las asociaciones estadísticas. **Resultados:** Los usuarios tenían un promedio de edad de 40,1 años y el tiempo promedio de uso de drogas de 20,8 años. El puntaje medio de esperanza de los familiares fue de 28,81 (± 2,83). La edad, el tiempo de consumo y el uso de muchas drogas por parte de los usuarios se asociaron estadísticamente con niveles más bajos de esperanza, mientras que la práctica religiosa de los familiares se asoció estadísticamente con niveles más altos de esperanza. **Conclusión:** Se observó un puntaje medio de esperanza bajo, indicando la necesidad de intervención sobre ese sentimiento en las familias estudiadas.

Descriptores: Drogas Ilícitas; Alcoolismo; Esperanza de Vida; Relaciones Familiares; Salud de la Familia.

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INTRODUCTION

Studies show that a large portion of the world's population is directly or indirectly affected by drug-related abuse, commercialization and violence related to drugs, with recognized repercussions on personal health, family life, work and the user's community^(1,2). From this perspective, drug abuse should be discussed in the field of training of nursing professionals, especially the use of care methodologies for health promotion, prevention, assistance and social reintegration to include families⁽³⁾.

The family is considered strategic for the protection and socialization of its members and for the transmission of social and cultural values. It also has a significant influence on its members with through attitudes and behaviors related to the health-disease process to deal with habits considered unhealthy in the family context, such as drug abuse^(1,4).

As a, affective, loving and communicative caregiving entity, the family plays an important role in preventing drug use and promoting resilience, ensuring greater chances of fostering conditions and possibilities for the healthy development of children. However, when parents or family members use alcohol and other drugs, or when there are dysfunctional family relationships, the family also acts as a risk factor for behaviors that may lead to abuse of alcohol and other drugs⁽⁵⁾.

Thus, the family may become a motivating factor both to encourage the overcoming of drug use and to hinder the effort of those who try to recover, offering them further reasons for using drugs^(3,6). In this context, any drug prevention program needs to provide practical applications to guide families⁽⁵⁾.

Regarding the repercussions of drug abuse on families, the experience of affected family members can be devastating in the psychological, financial, social and interpersonal aspects of family functioning. Drug use by one family member puts great strain on the rest of the family members, causing difficulties in dealing with family problems and conflicts related to the drug^(2-4,7).

The impact of drug use on the family involves negative feelings such as tension, stress, worry, stigma, anger and guilt^(2,3,7), but perseverance, courage, optimism and hope are essential to resist the increased difficulties in the daily life of the family^(3,6).

Hope is a psychological variable that is extremely important for human life and can be

defined as a subjective prospect of good results, representing, for man, the feeling of an optimistic future, allowing him to elaborate plans and goals in the long term^(8,9). Faced with everyday situations, people tend to anchor their hope on issues that are meaningful to them, whether external, such as the family, friends or something supernatural, or internal, when they place their hopes in themselves and in the possibility of their achievements⁽⁸⁾.

Due to the importance of hope in the process of coping with diseases, its levels have been explored in individuals who experience chronic diseases and in their family caregivers, in order to verify the impact of this feeling in times of difficulties and trials⁽⁹⁾. The importance of hope has been investigated in patients with schizophrenia⁽¹⁰⁾, with cancer undergoing chemotherapy⁽¹¹⁾, and in family caregivers^(9,10).

In the Brazilian context, the hope of family members of drug users, especially those living with drugs in the family environment for a long period of time, is still poorly investigated. In this sense, the present study proposes to analyze the interface of the drug abuse phenomenon and the hope of families, aiming to identify the hope of families who deal with long-term addictive behavior of one of their members.

METHODOLOGY

Cross-sectional study conducted in the city of Maringá-PR, a series of cases of relatives of drug users submitted to the epidemiological investigation methodology of sentinel event⁽¹¹⁾. The concept of sentinel events was proposed by Rutstein and collaborators defined as the occurrence of unnecessary disease, disability or death which could be prevented by primary care actions, constituting clear-cuts, indices of quality of health care for immediate use⁽¹²⁾.

In our country, authors have used the sentinel event tool as a form of "emergency monitoring" and advocate its conceptual broadening to any disease manifestation or occurrence that has the potential to cause disease, in order to evaluate specific aspects of the health care process^(13,14).

The intentional sample of 29 family members of drug users originated from the hospitalization of people with a medical diagnosis of physical trauma associated with drug intoxication, considered a sentinel event in a program for epidemiological surveillance and monitoring of the repercussions of drug use in

family health and of the access to public policy devices on drugs.

In the present study, sentinel drug users had a compatible clinical picture/signs and symptoms suggestive of acute or chronic intoxication, or underwent confirmatory laboratory tests for drug abuse intoxication, had link with their families, and were notified to the Poisoning Control Center of the Regional University Hospital of Maringá-PR, between April and September 2014. The family members interviewed met the inclusion criteria: being a relative of the sentinel events, being over 18 years old, and having a relationship of living or cohabiting with the sentinel event before and after hospitalization. The outcome death of the sentinel event was used as exclusion criterion.

Data were collected in the present study during the second phase of the investigation of each sentinel event, when a family member was interviewed at home, in a single meeting. Two data collection instruments were used: a semi-structured interview script composed of two modules: the first for sociodemographic characterization of the participants and the pattern of drug use of the sentinel events, and the second, was the Hopefulness-hopelessness scale⁽¹⁵⁾.

This scale contains ten items and is designed to evaluate how hopeful the family member feels about the future of the relative who is a user of alcohol and/or drugs. The ten items are written as affirmatives, presented in a 5-point Likert scale, namely: I completely agree, I agree, I don't know, I disagree, and I completely disagree. The first five items of the scale score from 1 to 5, corresponding to the positive items, and the last five to negative items, thus presenting inverted scores. The total score ranges from 10 to 50 and the higher the score, the higher the family member's level of hope about the future. The Hopefulness-hopelessness Scale was validated and translated into Brazilian Portuguese in a study that evaluated hope in family members of drug users⁽¹⁶⁾.

Data analysis was performed using the Statistical Package for the Social Sciences SPSS® V. 24, and the data distribution was evaluated as to normality using the Kolmogorov-Smirnov test, with Liliefors correction. Data were not normal, and nonparametric tests were adopted. Descriptive data analysis was performed by calculating position and dispersion measurements, and absolute and relative

frequencies. The Mann-Whitney U test was used to evaluate the association of sociodemographic variables. The significance level of $p < 0.05$ was considered for the Hopefulness-hopelessness score.

Family members were informed about the nature of the research and were invited to participate after signing an informed consent form. The project was approved by the Standing Committee of Ethics in Research Involving Human Beings of the State University of Maringá, with favorable opinion n° 458.185/2013.

RESULTS AND DISCUSSION

This study, which sought to measure the hope of family members who deal with long-term addictive behavior of relatives, has as limitations the small number of sentinel event patients; the fact that care started due to trauma, which makes the family approach difficult; and the instrument used, which has little application in the Brazilian context, hindering comparisons and the generalization of the results. The strong points include the possibility of identifying the hope of family members of a special group of drug users who suffered physical trauma associated with poisoning due to abuse, whether due to involvement in situations of violence, accident or fall.

The age of the drug users ranged from 20 to 65 years, with a mean of 40.1 years (SD \pm 12.1). Most of them were male (28 - 93.3%), single (22 - 75.9%), and unemployed (15 - 51.7%). The time of drug use ranged from one to 54 years, with an average of 20.8 years. Men had longer use throughout life and greater dependence on alcohol and other drugs than women in all age groups, regardless of the drug they used^(2,6,17). However, regarding the age range, in the present study, there was divergence from the national pattern of age, which is 18 to 34 years old, and this was possibly related to the time of use of the drug(s), which also does not meet the average of the population-based survey, which is of 13 years⁽¹⁷⁾.

Alcohol was the drug reported by most sentinel events during hospitalization (28 - 93.3%), confirmed by clinical or laboratory criteria, but 13 (44, 8%) used multiple drugs, among which half used drugs on a daily basis and resorted to illicit conduct to acquire them. The Second National Survey of Alcohol and Drug found that approximately 5.7% of the Brazilian population is dependent on alcohol and/or marijuana and/or cocaine, with over eight million

people abusing drugs and 30 million people living with a drug user^(2,17). The sociodemographic characteristics of sentinel events in the present study followed the national profile of drug abusers regarding sex, marital status, and occupation found in other studies^(6,17).

The pattern of drug use is a dynamic phenomenon. Users experiment with different drug combinations, mix licit and illicit drugs, and practice various forms of consumption. The use of several substances, simultaneously or in sequence, is increasing in several countries, especially the combination of alcohol with illicit drugs⁽¹⁸⁾. In the present study, the pattern of drug use followed the referred trend and was characterized by multiple drug use.

This study showed frequency of daily drug use and illicit conduct to acquire them. This situation is of extreme vulnerability and these conditions indicate the serious level of drug abuse, where individuals are exposed to factors that contribute to situations of violence in the daily life of the family⁽¹⁹⁾. These practices are pointed, by studies, as indicators of family suffering. Such suffering is worsened by the advance of dependence due to the break of family bonds, a factor that favors the daily use of drugs and illicit acts^(2,3,19).

It has been found that the greater the vulnerability of the family regarding schooling, the greater the vulnerability in relation to access to work and income, and this is listed as a risk factor for the initiation of drug use in families. Lower financial conditions are seen as one of the greatest contributors to social vulnerability and drug abuse. It is known that, drug use causes difficulty for users to remain employed, leading

them to commit small crimes within the home and damages to the patrimony in society⁽³⁾.

Most of the family members interviewed were women (26 - 86.7%), mainly mothers of the drug user (14 - 46.7%), and seven of them were the "head of the household". The average schooling was 7.5 years (SD \pm 4.8); 16 (53.3%) self-reported some disease or chronic health problem, especially systemic arterial hypertension, depression and diabetes mellitus.

The characterization data of the family members interviewed corroborate with national studies, which found similar percentages of people willing to inform about the drug problem in their families. Generally, they are mothers who deal daily with the negative impact of drug use on the family, with the burden of taking care of children with addictive behaviors^(3,7,19).

Regarding the reports of noncommunicable chronic degenerative diseases and common mental disorders, present in more than half of respondents, additive consumption in the family environment is a cause and contributing factor to the illness and overload of its members, especially the most closer relatives, such as mothers and wives^(3,19). Family members of drug users have significantly more chronic physical symptoms and complaints of mental distress and greater psychosocial difficulties than the population average, regardless of the drug used⁽¹⁾.

Table 1 was reunites information from the application of the Hopefulness –hopelessness scale, showing the mean of each of the ten items that compose it, as well as the standard deviation and the median. The mean hope found was 28.81 (\pm 2.83) and the median 30.0.

Table 1: Descriptive statistics of Hopefulness–hopelessness scale scores of 29 family members of sentinel events. Paraná, 2014.

| Affirmative sentences | Mean (\pm DP) | Median |
|--|-------------------------------------|-------------|
| 1 - I'm starting to see a new future (+) * | 3.79 (\pm 0.29) | 5.00 |
| 2 - I believe that something good will come out of this (+) | 4.07 (\pm 0.28) | 5.00 |
| 3 - Things are starting to get better (+) | 3.17 (\pm 0.31) | 4.00 |
| 4 - I'm starting to get back the person I knew (+) | 2.90 (\pm 0.30) | 3.00 |
| 5 - I feel more positive about things (+) | 3.41 (\pm 0.32) | 4.00 |
| 6 – I'm afraid about how my relative will proceed (-) * | 1.72 (\pm 0.27) | 1.00 |
| 7 - My relative is not taking things seriously (-) | 2.34 (\pm 0.30) | 1.00 |
| 8 - I am pessimistic about the immediate future (-) | 2.59 (\pm 0.30) | 2.00 |
| 9 - There will never be any change, my relative is in the same situation (-) | 3.34 (\pm 0.27) | 4.00 |
| 10 - I fear my relative will drink and take drugs to the end (-) | 1.48 (\pm 0.19) | 1.00 |
| Total | 28.81 (\pm2.83) | 30.0 |

* (+) positive items. * (-) negative items - inverted scores.

Of the ten items on the scale, the number 2 had the highest score (mean 3.65), with 68.9% of respondents agreeing (13.8%) or completely agreeing (55.1%) with the statement “I believe that something good will come out of this”. On the other hand, the item with the lowest score was number 10 (mean 1.48), indicating that 89.7% agreed or completely agreed with the statement “I fear my relative will drink and take drugs to the end”, with percentages of 13.8 and 75.9%, respectively (Table 1).

Studies that evaluated the hope of family caregivers were conducted in different populations, such as family caregivers of chronic patients⁽⁹⁾ and those with cognitive impairment and schizophrenia^(11,20), but only the National Survey of Families of Drug Addicts - LENAD

Family - assessed the hope of family members of drug users⁽⁷⁾.

The LENAD Family, a national study that had as informants the relatives of alcohol users and cocaine and/or crack users undergoing drug and drug treatment, assessed family members' hopes through the Hopefulness–hopelessness scale⁽¹⁵⁾, and identified an average level of hope of 36.5⁽⁷⁾. The average hope of the present study (28.8) was lower than that found in LENAD Family, and this result may be related to the average time of drug use by users - 13 years in LENAD Family and 20.8 years in this study. Furthermore, during the research period, none of the drug users were receiving treatment to cease drug use.

Table 2. Statistical summary of sociodemographic variables and Hopefulness–hopelessness scale scores of 29 family members of sentinel events. Paraná, 2014.

| Variable | Categories | n (%) | Median | p* |
|-----------------------|-------------------|-----------|--------|---------|
| Drug use time | Up to 24 years | 13 (44.8) | 32 | 0.011 |
| | 25 years or older | 16 (55.2) | 21.5 | |
| Use of multiple drugs | Yes | 13 (44.8) | 18 | < 0.001 |
| | No | 16 (55.2) | 37 | |
| User age | Up to 46 years | 15 (51.7) | 32 | 0.038 |
| | 47 to 65 years | 14 (48.3) | 19.5 | |
| Family member age | Up to 53 years | 15 (51.7) | 31 | 0.616 |
| | Over 53 years | 14 (48.3) | 35.5 | |
| Religion | Practicing | 19 (65.5) | 33 | 0.012 |
| | Non-practicing | 10 (34.5) | 15.5 | |
| Schooling | < 8 years | 16 (55.2) | 31.5 | 0.779 |
| | > 8 years | 13 (44.8) | 31 | |

* Mann-Whitney test.

Regarding the factors that influenced the hope of the relatives, time of drug use over 24 years, use of multiple drugs, and user age over 46 years had a negative correlation with the level of hope, i.e. a significantly lower median of hope. However, religious practice by the relative was a contributing factor to increase hope; practicing people presented a significantly higher median of hope than non-practicing ones. The relative's age and education were not statistically associated with hope scores (TABLE 2).

Prolonged time using drugs as well as the use of multiple drugs was statistically associated with a lower level of hope of family members. Studies show that exposure to these risk paths

aggravates the vulnerability of families, as they experience long periods of overload, such as, changes in family dynamics, economic problems, illicit acts involving aggression and theft, physical illness and psychic behavior of some family members who experience situations of violence and stress, generating feelings of helplessness, deep sadness and hopelessness in the face of the addictive behavior, all conducting to intense family suffering^(3,16,21).

A study conducted in Curitiba-PR showed that 65% of drug addicts in treatment were under 40 years old, mainly concentrated in the age range of 20 to 29 years (30.8%)⁽²²⁾. Thus, the families in the present study, who live with older

users, must be cultivating feelings of demotivation, disbelief and uncertainties toward drug treatment and cessation on a larger scale, which implies a negative correlation of family hope.

The highest score on the scale was the statement “I believe that something good will come out of this”, indicating that family members still have some sense of hope for the future. This statement, despite uncertainties and the current difficult situation, may be related to the spirituality of family members, since the study showed a positive correlation with religion. Family members who experience religious practice obtain significantly higher levels of hope.

Still in relation to religious practice and hope, the result of this research corroborates a study that evaluated hope in caregivers of elderly with some degree of dependence, pointing out that spirituality is a protective factor for hope and that the higher the level of spirituality, the lower is the chance for caregivers to feel hopeless⁽⁹⁾. In the relationships between drug addicts and their families, it was pointed out that religion is an important foundation for coping with the suffering of families who live with addictive behavior, helping in resilience before increased difficulties in family life⁽²¹⁾.

However, the lowest score on the scale was found in the statement “I fear my relative will drink and take drugs to the end”, expressing the fear of the future of the user, mainly because they disbelieve that their relative will be able to stop using drugs. A study that aimed to identify the way codependency is expressed in the group of family members of drug addicts pointed out that fear is one of the most present and expressed feelings in the lives of these families and is mainly related to situations of violence, abandonment, relapses and the fear that “something bad” may happen in the future of the drug addict⁽²³⁾.

Family members experience a daily struggle and confrontation, both through direct contact with the user and feelings of uncertainty and insecurity about the future^(3,7,23). Coexistence often is manifested in the form of physical and psychological symptoms, making these individuals vulnerable and with specific attention and care needs. The knowledge of the hope of caregivers of drug users is important for the planning of public health policies aimed at supporting this population, in order to strengthen the family's hope.

CONCLUSION

It can be concluded that the profile of sentinel events followed the described in the literature, mostly male, single and unemployed. However, in relation to the age pattern and time of drug use, the present study presented higher rates than those in the literature and pointed families with similar sociodemographic percentages to the national profile of families belonging to the popular classes. In this study, it is noteworthy to point out several health problems among family members that may be associated with the burden of living with a drug user.

This study made it possible to measure hope in a sample of family members of drug users. Compared to the Brazilian study that evaluated hope in families of drug users, it was observed that the average hope presented by families was lower.

Even though families reached an optimistic score regarding the future of their relatives, believing that “something good will come out of this”, a significant score was evident as to the fear that the drug user continues using drugs until the end. Prolonged time of drug use, use of multiple drugs, age of users, and religious practice by family members had a significant influence on the level of hope of families of people with addictive behavior.

Hope is an important feeling for the collaboration of the resilience of families who go through suffering, being one of the central aspects in nursing care, contributing to cope with crisis situations, to maintain the quality of life and to promote health. The present study showed the need for planning public health policies aimed at supporting families who live with drug users.

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