

## FAMILY MEMBERS' HISTORY ABOUT THE CARE PROVIDED TO A PERSON WITH A CHEMICAL ADDICTION

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### ABSTRACT

Objective: to know how family members experience the care provided to a person with a chemical addiction. Method: Hybrid Thematic Oral History, with four collaborators and having as locus a psychiatric hospital located in the city of Curitiba, Paraná, Brazil. Data collection took place between October and November 2020. The data were analyzed following the absolute transcription, textualization and transcreation steps. Results: two topics were revealed, namely: The family member's experience regarding treatment of a person with a chemical addiction; and Spirituality and religiousness as support to deal with the challenges inherent to the chemical addiction. Conclusion: chemical addiction exerts a number of impacts on the family members, who suffer due to onset of this disease, leading to distress, frustration and sometimes hopelessness in the relatives. Various experiences regarding the same event can be useful as a reflection and warning for everyone about the importance of care targeted at the family members.

**DESCRIPTORS:** Chemical Addiction; Nursing; Family; Mental Health; Health Professionals.

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## INTRODUCTION

The global problem of drugs is one of the most challenging current issues, as it exerts significant impacts in the health and well-being of individuals, families and communities, as well as in world safety and sustainable development<sup>1</sup>. According to the most recent report of the United Nations Office on Drugs and Crime<sup>1</sup>, it is estimated that worldwide nearly 35 million people present disorders related to the use of chemical substances and, of these, only one out of seven receives treatment.

In Brazil, according to data from the III National Survey on Drug Use by the Brazilian Population, conducted by the Fiocruz Foundation with individuals aged from 12 to 65 years old, the most used drugs in the country are the following, in descending order: marijuana, benzodiazepines, cocaine, opiates, crack, solvents and amphetamines. According to the survey, 3.2% of the interviewees used illicit substances in the last 12 months prior to the research, which represents 4.9 million people. The data also revealed that this percentage is higher among men and young individuals aged from 18 to 24 years old<sup>2</sup>.

Chemical addiction is a public health problem that involves all schooling levels, social classes, and age groups all over the world<sup>3</sup>, leading to harms in health, professional and financial life, and in the relationship with friends and family, in addition to contributing to violence<sup>4</sup>. Harms associated with chemical addiction are not only limited to users who make abusive use, but also exert negative effects on their families, friends, coworkers, and even strangers<sup>5</sup>.

Understanding the individuals' problems in this life scenario and incorporating the family into care and treatment allow devising an affect care network for individuals with needs resulting from the use of chemical substances, which justifies the need for further studies approaching the topic in the family context<sup>4</sup>. Given the above, the objective of this study was to know how family members experience the care provided to a person with a chemical addiction.

## METHOD

A qualitative research study following the Hybrid Thematic Oral history method, which considers family members who care and accompany people with chemical addictions as study subjects. Thematic Oral History was selected as methodological framework because it is the closest to the academic expectations. For being interview-based, it is the methodology that best adapts to discussions around a specific subject matter<sup>6</sup>.

The research was developed in a psychiatric hospital that is part of an Integrated Mental Health Care Complex located in the region of Curitiba, Paraná. The hospital is a philanthropic not-for-profit entity, whose goal is to work on the treatment of mental disorders and chemical addictions.

The research participants were family caregivers, herein designated as collaborators. In Oral History research studies, the participants are called "collaborators" given the cooperation established between researchers and researched subjects<sup>6</sup>.

For recruitment of the collaborators, electronic medical records of hospitalized patients with a history and diagnosis of chemical addiction were analyzed. After data surveying and analysis, telephone contacts were made with 20 family members, of whom only four stated their interest in participating in the research. The date and time for the interviews were agreed upon by phone.

Data collection was conducted in October and November 2020. A semi-structured script with open questions was used to conduct the interviews, which were recorded using two cell phones with audio recording capabilities, in order to reduce the risk of losing the material collected.

Subsequently, data analysis in Oral history was performed, consisting in three phases. The first one is called absolute transcription and consists of fully transcribing from oral to written; in other words, the questions and answers were maintained, as well as the repetitions, errors, words with no semantic weight, and even telephone sounds, among other everyday sounds.

The second phase, textualization, is characterized by the process of removing questions, noise and grammatical errors in which words with no semantic words are adjusted in favor of a clearer and smoother text. It is also in this stage that the "vital tone" is obtained. The "vital tone" is a resource employed to extract the essence of an interview; it is what determines what may or may not be removed from the text.

The last phase consists in the final version of the text, with a more complete and elaborate writing style, where it is arranged in its final format. After this process, the text is returned to the collaborator for him/her to read it and authorize its inclusion in the project's sequence of interviews.

When considering the ethical aspects, the names of the collaborators were substituted with fictitious names, although preserving their individuality. The study respected all the ethical precepts of research involving human beings. The research was initiated after obtaining favorable opinion from the Research Ethics Committee of the Health Sciences Sector at the Federal University of Paraná: number 4,114,951.

## RESULTS

Chart 1 presents the collaborators' characterization, as well as the "vital tone" of each interview.

Chart 1 - Characterization of the collaborators, Curitiba, PR, Brazil, 2020

Collaborator	Vital Tone	Degree of Kinship	Gender	Age	Marital Status	Schooling	Occupation	No. of people in the house	Religion
1 Lúcia	<i>Spirituality and love in the care provided to another person</i>	Wife	F	46	Married	Complete Higher Education	Administrative Assistant	4	Catholic
2 Roberto	<i>Distress and despair due to fear of loss</i>	Father	M	59	Married	Incomplete Elementary School	Locksmith	3	Evangelical

3 Júnior	Concern and non-abandonment regardless of the difficulties	Son	M	44	Divorced	Complete High School	Industrial Mechanic	4	No religion
4 Carlos	From a healthy child to an adult with a chemical addiction	Father	M	51	Divorced	Master's Degree	Professor	3	No religion

Source: The authors.

The following relevant topics were listed after reading the texts and apprehending the intersection points: The family member's experience regarding treatment of a person with a chemical addiction; and Spirituality and religiousness as support to deal with the challenges inherent to the chemical addiction.

The family member's experience regarding treatment of a person with a chemical addiction

The collaborators justified – some of them in an ambivalent manner – work environment, romantic disappointments, influence of family and school and university environments as triggers for use and/or abuse of alcohol and other drugs.

*[...] he's a military man, he fell into addiction – then I got to know more – when he entered that career [...] then I learned that his mother had a problem with alcohol and that his father still has it. (Collaborator 1, Lúcia)*

*[...] it all started at school. He told us that he went to school and we believed him, but the school never let us know about him missing classes. (Collaborator 2, Roberto)*

*[...] he's a Military Police officer, is 65 years old and, since the beginning of his career in the Police, he's been involved with booze [...] my father's sister died from alcohol abuse and I think that his brother has been clean from alcohol for six years now. (Collaborator 3, Júnior)*

*[...] he started to smoke, I think when he was around 14, hiding from people. His mother smoked. Actually, she still smokes. (Collaborator 4, Carlos)*

The relevance of the family member in treatment of the chemical addiction is also understood.

*[...] today his family is more present, they call him to know how he's doing, they care more about him. (Collaborator 1, Lúcia)*

*[...] he's always asking for help, we help and he wants such help. It seems that he wants be strong enough to react, but he's not able to. (Collaborator 2, Roberto)*

*[...] His friends became his family, and his family became the people who don't want bad things in his life. (Collaborator 3, Júnior)*

The collaborators mentioned the importance of awareness and treatment adherence by people with chemical addictions.

*[...] when people become aware that they are sick, that they need help, things get easier. (Collaborator 1, Lúcia)*

*[...] when you have a chemical addiction and want to be helped, it's already a breakthrough, a big step. (Collaborator 2, Roberto)*

In some cases, people with chemical addictions do not accept their disease or do not consider that they are ill.

*[...] we, the real relatives, are the ones who don't want bad things in his life, who say that he needs to stop drinking and to change his life, but he doesn't accept it. (Collaborator 3, Júnior)*

*[...] some three years ago I started talking to him about treatment, but he didn't want to, he thought that he could handle marijuana [...] we decided to go to the doctor and he said that Júnior had a chemical addiction, but my son didn't think so. (Collaborator 4, Carlos)*

It is inferred that willingness for treatment should be expressed by the person himself/herself and that asking or forcing them to seek treatment fails to contribute positive results.

*[...] then at the beginning he asked to be taken to a clinic, he didn't have a notion of what a clinic was. Then, the other times, he was taken against his will, they even doped him [...] you can't just grab people and force them to go, it's complicated. (Collaborator 2, Roberto)*

Forced treatment can be predestined to failure.

*[...] it's his first involuntary hospitalization [...] now, in this last hospitalization, he didn't accept at that time, he tried to escape, to assault me [...] he still thinks that he doesn't need his family, that he'll leave there, that he'll pack his things and go somewhere else. (Collaborator 3, Júnior)*

*[...] we gave him an ultimatum, that he must get treatment [...] the talk we had with him went somewhat like this: without treatment, he would not live with us anymore. (Collaborator 4, Carlos)*

Chemical addiction is a disease difficult to solve and treat and that may last for years, which causes distress in both the family and the person with a chemical addiction and is often manifested by frequent relapses.

*[...] it was a constant struggle during those first 12 years, because I didn't know what to do. After 12 years of marriage, he'd already bottomed out. (Collaborator 1, Lúcia)*

*[...] that situation is as I always say: "it's like a betrayed husband, when he finds out, it's too late" [...] and time goes by, and he gets to where he is now, bottomed out. (Collaborator 2, Roberto)*

Feelings of pain, sadness and despair were reported during the harsh journey with their family members and their relapses.

*[...] and then, since last year (2019), he started with treatments, but the first obstacle he faced, he had the relapses. [...] living with a person like his causes such a pain to your soul that no medication can cure [...] so many things like these make me feel really sad. (Collaborator 1, Lúcia)*

*[...] in this journey, during all these years experiencing this struggle, the family feels deep sadness, because he's not the only one that suffers, also the family [...] he's well from 30 to 90 days, then relapses, and the entire struggle starts again. (Collaborator 2, Roberto)*

Hospitalization time was also deemed by some collaborators as insufficient to treat the chemical addictions, leading them to believe that their relatives will relapse after discharge.

*[...] someone who's been on cocaine for 10 years, being hospitalized for only 28 days and going out without monitoring, with nothing, what can he do? He'll go back to drugs. (Collaborator 2, Roberto)*

*[...] they told me that the treatment would initially last 40 days, but I don't know how the situation is over there. I believe that 40 days is a very short time. (Collaborator 3, Júnior)*

A number of experiences with adverse behaviors of people with chemical addictions were also mentioned.

*[...] he tried to kill himself many times, but God didn't allow it. I often had to go, together with the kids, and hide the gun, because he wanted to take his own life [...] there was aggression once. (Collaborator 1, Lúcia)*

*[...] we got tired of sleepless nights because it reached a point that he took things from the house to give them to dealers [...] he can only think of suicide: "If I die all my problems will be solved". (Collaborator 2, Roberto)*

*[...] there were times when he attacked me, my brothers and my mother [...] recently, around four months ago, he started to have psychotic outbreaks. (Collaborator 3, Júnior)*

*[...] he started with small thefts [...] and Júnior started to have psychotic episodes, for example, saying that his mother was not his mother. (Collaborator 4, Carlos)*

Although some collaborators reported dissatisfaction with the hospitalization time of their family members, most of them showed to be trustful and satisfied with the ongoing treatments.

*[...] I feel that he's matured and also see that he had some very different experiences in this hospitalization, something that helped him grow and mature. (Collaborator 1, Lúcia)*

*[...] at least where he is now, I get the notion that he's undergoing a very good treatment. (Collaborator 2, Roberto)*

*[...] I noticed improvements, no doubt about it, in how he talked to us. He's more affectionate too. (Collaborator 4, Carlos)*

In spite of the evident feelings of anguish, sadness, insecurity and fear, among others, all the collaborators emphasized that, despite everything, they will not give up on their family members.

*[...] if he has another relapse, I'm going to do everything over and over again. (Collaborator 1, Lúcia)*

*[...] he's my father and, as a man, I feel the duty to take care of him, he got ill after all. (Collaborator 3, Júnior)*

*[...] I won't give up on Júnior, he's my son. (Collaborator 4, Carlos)*

Spirituality and religiousness as support to deal with the challenges inherent to the chemical addiction

The reports show religious support in the belief of God as foundation and source of strength to persist and fight against the difficulties resulting from chemical addictions.

*[...] then, right now it's us (he and his wife) and God. Help comes only from God. (Collaborator 2, Roberto)*

*[...] I had to cling to God all the time. My foundation in life has been God all the time. I'm not a religious fanatic, but if God wasn't in my life and also in his, he wouldn't be here and I'd have abandoned him already, I'd have given up a long time ago. (Collaborator 1, Lúcia)*

*[...] despite everything, I'm really devoted to God and believe that everything that happened in our lives has a purpose. For example, I saw this whole situation as a learning opportunity for not following my father's steps. (Collaborator 3, Júnior)*

## DISCUSSION

There are many factors involved in the development of a chemical addiction. The impact of drug use on the family relationships of people with chemical addictions can be explained by the fact that the family is the basic unit of society and the first socialization agent of people addicted to chemical substances. As the family is the first socialization agent, several organic, psychological, sociocultural, spiritual and drug addiction related factors may lead a family member to respond positively or negatively to these factors<sup>7-8</sup>.

The collaborators revealed the understanding about the importance of family support in the treatment of people with chemical addictions. This result is consistent with the findings from a study conducted in 2018 in Curitiba, Paraná – Brazil<sup>9</sup>, where, according to the authors, when feeling embraced, people with chemical addictions may feel more encouraged to adhere to the treatment. Furthermore, treatment can be a shelter against chemical addiction and be useful not only to promote abstinence but also to seek improvements in these individuals' quality of life.

In this study, relapses are mainly portrayed by intrinsic factors. These factors are motivation and the driving force for behavioral change and rehabilitation<sup>10</sup>. Unfortunately, despite the importance of adherence to the treatment in the rehabilitation process, some studies showed a low compliance rate among people with chemical addictions, meaning that many of them initiated the treatment but few completed it<sup>11-13</sup>.

Various and negative feelings emerge in the family members when they need to hospitalize an addicted relative. When this happens, it is because they have already gone through several barriers<sup>14</sup>. No signs of severe diseases were reported by the collaborators in this research; they also did not report having developed any disease. However, they expressed their feelings of pain, sadness and hopelessness during the tough journey with their relatives and their relapses, feelings that should be assessed to prevent future diseases.

Some collaborators also considered hospitalization time as insufficient to treat the chemical addictions, leading them to believe that their relatives will relapse after discharge. A study conducted in Rwanda in 2021<sup>15</sup> revealed similar results, in which hospitalization time was significantly associated with relapse and those who were hospitalized between one to three months were more likely to relapse when compared to those who were hospitalized for more than three months. A number of studies examining permanence time in the post-treatment withdrawal rates found a direct relationship between longer stays and higher withdrawal rates<sup>16-17</sup>.

The adverse behaviors resulting from chemical addiction were evidenced through the collaborators' testimonies. Among these behaviors there are psychotic outbreaks, thefts, dangerous behaviors, and even attempted suicide. Use of alcohol and other drugs is known to have an effect on people's brain and alter their psyche, in addition to leading to inappropriate behaviors that did not occur before. Moreover, their long-time use leads to impairment in skills that were previously performed with ease. Cognitive harms can affect behavior, the psyche and personality itself, and such aspects must be taken into account in the treatment process<sup>18</sup>.

Despite the evident feelings of anguish, sadness, insecurity and fear, among others, all the collaborators emphasized that they will not give up on their relatives, and some even feel obliged to provide care, implying that these collaborators are already adapted to the disease and that support and search for encouragement to treatment are key elements. As the collaborators often have very strong affective ties with their relatives, they feel responsible for care provision and are directly involved in the addicted person's evolution to health or illness. At the beginning, coexistence of the collaborators with their relatives with chemical addictions is a two-way street manifested by strong ambivalence, which no longer exists as chemical addiction progresses<sup>18</sup>.

The search for inner strength to cope with the changes and mishaps imposed by the disease is mainly based on the relationship between spirituality and religiousness so that, to overcome distress in the health-disease process, both are accessed by sick people and their family members<sup>19</sup>. Experiencing conflicts and feelings such as fear, anguish, sadness and guilt may lead to the development of diseases such as depression in family members<sup>20</sup>. Adopting healthy life habits and religious practices exerts positive impacts on physical and emotional health and may act as a protective agent against suicide, abuse of psychoactive substances, and mental disorders<sup>21</sup>.

It is worth highlighting the scarcity of content and the need to value and increase the number of research studies on the topic, mainly linked to chemical addiction, in order to analyze how spirituality and religiousness may positively act on the health-disease process and which limitations and challenges are found in the process of including spirituality and religiousness in the health services.

A possible limitation of this study is its reduced sample size, which can preclude the analysis of other relevant topics.

## FINAL CONSIDERATIONS

Each one in their own way, the collaborators presented their feelings and distress resulting from chemical addiction, starting with the painful discovery that a member of their family makes use of alcohol and other drugs, followed by though attempts to try to help this family member, who initially has difficulties accepting the disease, undergoing the rehabilitation treatment and remaining abstinent; then, there are several relapses and, as chemical addiction progresses, it causes inappropriate behaviors and development of mental disorders in the users.

Dealing with the long cycle of chemical addiction is not a simple task for any of the parties involved and requires much effort and willpower from both parties to fight against and overcome the disease. The natural and true way in which all the collaborators asserted that they would never give up on their relatives depicts this effort and willpower; however, distress is involuntary and, in order to alleviate this feeling and maintain the hope of cure, most collaborators resort to religiousness and spirituality as support to cope with the entire process.

The contributions of this study show that the treatment of chemical addictions requires an integrated approach with a multidisciplinary focus, and also enable to achieve a broader view of the collaborators' experiences, describing their difficulties and coping strategies based on their possibilities and competences, such as their involvement in care provision. The description of various experiences regarding the same event can be useful as a reflection and warning for everyone about the importance of care targeted at the family members.

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