SMAD, Rev. Eletrônica Saúde Mental Álcool Drog.
2016 July.-Sept.;12(3):171-7
DOI:10.11606/issn.1806-6976.v12i3p171-177
www.eerp.usp.br/resmad

Original Article

Social reintegration of drug-addicted individuals living in therapeutic communities[1]

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The study aimed to characterize actions and activities aimed at social reintegration of drug-addicted living in therapeutic communities. Forty-three communities were evaluated in the state of Goiás, with the use of a semi-structured questionnaire. Data were analyzed using descriptive statistics and the results showed that these communities have resident preparation mechanisms for therapeutic discharge and referral to the labor market. However, few activities are developed for inclusion in the labor market. Family's involvement in treatment of residents is stimulated with joint visits and activities. Although the relevant work of communities, help from public policies is needed for social assistance to contribute to the reintegration of these individuals in society.

Descriptors: Dependence; Drugs; Treatment; Social Reintegration.

[1] Supported by Fundação de Amparo à Pesquisa do Estado de Goiás (FAPEG), process # 201210267001235.
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Reinserção social de dependentes químicos residentes em comunidades terapêuticas

O estudo teve por objetivo caracterizar as ações e atividades voltadas para a reinserção social de dependentes químicos residentes em comunidades terapêuticas. Foram avaliadas 43 comunidades, localizadas no estado de Goiás, com a utilização de um questionário semiestruturado. Os dados foram analisados por meio de estatística descritiva e os resultados apontaram que essas comunidades apresentam mecanismos de preparo do residente para a alta terapêutica e encaminhamento ao mercado de trabalho. Entretanto, desenvolvem poucas atividades para a inserção no mercado de trabalho. O envolvimento da família no tratamento dos residentes é estimulado com visitas e atividades conjuntas. Conclui-se que embora o trabalho das comunidades seja relevante, ainda carece de ajuda de políticas públicas de assistência social que contribuam com a reinserção desses indivíduos na sociedade.

Descritores: Dependência Química; Drogas; Tratamento; Reinserção Social.

Reinserción social de dependientes químicos residentes en comunidades terapéuticas

El estudio tuvo por objetivo caracterizar las acciones y actividades vueltas para la reinserción social de dependientes químicos residentes en comunidades terapéuticas. Fueron evaluadas 43 comunidades, localizadas en el estado de Goiás, con la utilización de un cuestionario semiestructurado. Los datos fueron analizados por medio de estadística descriptiva y los resultados apuntaron que esas comunidades presentan mecanismos de preparo del residente para la alta terapéutica y encaminamiento al mercado de trabajo. Mientras, desarrollan pocas actividades para la inserción en el mercado de trabajo. El envolvimiento de la familia en el tratamiento de los residentes es estimulado con visitas y actividades conjuntas. Se concluye que aunque el trabajo de las comunidades sea relevante, aún carece de ayuda de políticas públicas de asistencia social que aporten con la reinserción de eses individuos en la sociedad.

Descriptores: Abuso de Sustancias; Drogas; Tratamiento; Reinserción Social.

Introduction

The use or abuse of licit and illicit drugs has substantially increased in recent years. According to the World Report on Drugs, 2012, from 3.4% to 6.6% of the population between 15 and 64 years are drug users[1]. This report pointed out that in 2015 the prevalence of use has remained stable[2]. It is estimated that 1 in 10 drug users has some psychiatric disorder or addiction[2].

The use of these substances is concentrated among young urban population, with emphasis

on developing countries. In this context, Brazil is highlighted, being the greatest consumer market for cocaine in South America. It is estimated that 1.75% of its adult population uses cocaine[2].

In order to change this situation, the Federal Government instituted the "Psychosocial Care Network for people with suffering or mental disorder and needs resulting from the use of crack, alcohol and other drugs", through Decree n. 3088 of December 23rd 2011. This Decree tries to institute the prevention and reduction of damage caused by crack, alcohol and other drugs as well as the promotion of rehabilitation and reintegration of people with mental disorder and needs resulting from consumption in the society, through access to work, income and supportive housing[3]. This government action also provides for the establishment, expansion and coordination of care services to the health of people with mental disorder or use, abuse of alcohol, crack and other drugs dependence[3].

Among these services, highlight those of residential care of transitory character, a category of the therapeutic communities. These communities aimed to provide continuous health care for up to nine months to adults who have stable clinical needs[3]. They act as social institutions that seek to rehabilitate the drug addict by promoting change behavior[4]. Furthermore, they should also work in coordination with primary care and with the Psychosocial Care Center – CAPS[3].

In these institutions interventions are carried out such as physical and psychological rehabilitation, recovery, recovery of citizenship and social reintegration of the addicted individual through an individualized treatment program that may involve: larbotheraphy, community life, development of professional activities, cultural programs, religious and spiritual activities, among others[5].

Among these multiple actions, social reintegration of the individual should be mentioned. This is a complex activity that involves the rescue of self-esteem and appreciation of individual skills for the benefit of the whole community[6].

Therefore, this practice must involve overcoming the uncertainty as to return the user to family life and to the provision of access to programs for income generation, professional and community participation, thus achieving full recovery of the individual[7]. It is expected that individuals develop skills to live, learn, improve their life in society and increase their autonomy[8].

Every activity that aims at social reintegration should emphasize the qualities and potential of the individual with the reconstruction of three main aspects: home, work and social networking. This is an intrapersonal and individual phenomenon, not following a pattern among drug addicted people[9].

In social reintegration, family, as the primary social networking of individual and codependent, plays a key role. The way the individuals are accepted and the way relationships are reestablished between them and their families are important to their emotional and social security, providing them with favorable conditions to remain with no drugs[10]. However, this social reintegration is not regular and there are little public policies that support this initiative. Prejudice and discrimination still hinder the practice of citizenship. The population should be aware that individuals in withdrawal are also citizens and, as such, have rights and duties towards society[10].

Even the health professionals working in chemical dependency reference centers often have limited knowledge of this problem. This fact was demonstrated in a study that identified that social reintegration, according to many professionals, is limited to the achievement of therapeutic workshops, external activities and partnership with other institutions, showing a vision linked to the traditional psychiatric model[11]. Therefore, it is necessary to investigate the currently played role by therapeutic communities in the social reintegration of drug addicted.

Therefore, the objective of this study is to characterize the actions and activities aimed at social reintegration of drug-addicted who live in therapeutic communities, with an emphasis on preparation for therapeutic discharge, referral to the labor market and the existence and operation of partnerships between these communities and other institutions.

Material and Methods

The participants were 43 therapeutic communities located in the state of Goiás, specifically those located in the city of Goiânia and metropolitan area, and the city of Anápolis, due to their demographic importance and proximity to the capital. These communities were selected through a registration with the Forum to Combat Crack and Other Drugs of Goiás and the Executive Group to Combat Drugs – GEED. Visits were carried out from August 2014 to February 2015.

The metropolitan area of Goiânia is composed of 20 municipalities, according to the State Complementary Law No. 78 of March 25th, 2010[12].

Of these, plus Anápolis, 12 communities were visited, that is, therapeutic communities that met the volunteer host model and expressed interest in participating in the research.

Through telephone contact it was intended to identify whether the entity was actually a volunteer host to drug addicted, the research objectives were explained, in brief account of the procedures, communicating the need to promote a visit and collecting information by applying a questionnaire.

A semi-structured questionnaire was used, applied by the researcher to obtain the general data of respondents and institutions, services offered by the community, work team, public and community relationship with health services[13]. Interviews were recorded, the physical structure was photographically recorded, and documents on the operation of the entity were requested.

Preceding the interview, the responsible for the institution read and signed the Free and Clarified Consent Term (FCCT). This research is registered in the National Commission for Research Ethics – CONEP with the Certificate of Presentation for Ethical Consideration – CAAE: 12416213.1.0000.0037 and was approved by the Research Ethics Committee of the Catholic University of Goiás – PUC Goiás.

After tool application, a database used the statistical program SPSS version 16. A data descriptive analysis was prepared, presenting the absolute frequency, relative frequency and measures of central tendency (Arithmetic mean, median, sum, minimum and maximum) and dispersion measures (Standard deviation).

Results

In this study 43 therapeutic communities participated, all of them non-governmental. A total of 27.9% of these communities had a sponsor, and among these, 53.5% stated they had religious orientation.

With regard to the property, just over half (51.2%) stated they were independent, 30.2% rented properties for proper operation and 18.6% worked with courtesy headquarters.

Regarding definition of target audience, the studied communities predominantly received users of licit and illicit drugs (97.7%), and 2.3% of those institutions only received users of illicit drugs. Residents were mostly adult males from urban areas (95.3%), with average monthly family income less than one minimum wage (53.5%).

With regard to the activities developed in the therapeutic communities that aimed to prepare the resident for the reintegration into the labor market, only 39.5% offered training workshops to their residents. In this percentage, the activities took place daily in 52.9% of them, and weekly in 35.3% of them. A computer course was also offered in a small percentage (23.3%), mostly weekly.

Educational support to residents was offered by 32.6% of the therapeutic communities. The percentages are balanced both in daily as a weekly basis: 42.9% and 50%, respectively.

One of the main obstacles faced by these communities, with regard to assistance to their protected, was the reinsertion to the labor world. Most of them (76.7%) tried to redirect them at the end of their stay. However, the results appear ineffective due to insecurity and lack of structured planning. Evidences are remarkable in their great majority (81.8%); most of these redirections were to partner companies. But even among these companies, therapeutic communities reported a number of difficulties, such as: mistrust, prejudice, lack of resident qualification and fear.

Just over half (51.2%) of the institutions had registration and monitoring of former residents in relation to their social reintegration. However, in pragmatic terms, these statements diluted, as only 18.6% stated they perform and record a follow up in relation to the individual's stay in the labor market.

Regarding the important participation of the family in the integral rehabilitation of the drug addict, almost in all therapeutic communities (97.7%), families visited the residents mainly once a month. However, in most communities, there were established rules which had to be met. In 81.4% of them there were criteria for family visit, such as: discipline, following the community internal rules, drug withdrawal, appropriate clothing, among others.

In 58.1% of communities activities were offered to families, occurring mostly on a monthly basis. Furthermore, 86% developed common activities between residents and families, most often on a monthly basis.

However, it is worth mentioning the low percentage (39.4%) of psychological care to these families, also performed predominantly on a monthly basis, in addition to home visits, which occurred sporadically (41.9%).

Regarding the therapeutic discharge, 90.7% of the communities had some preparation mechanism towards the resident. These mechanisms involved

monitoring and counseling by the multidisciplinary team, visit to the family, resocialization and the realization of a new screening.

Discussion

This study found therapeutic communities with residents predominantly: male, adult, drug user (licit and illicit), with monthly family income less than a minimum wage. A study on therapeutic communities in Florianópolis showed a similar profile: adult men, with income less than two minimum wages, unemployment and using the following substances (In descending order): alcohol, cocaine, cannabis, crack, injectable cocaine and tobacco[14].

With regard to activities to prepare residents to social reintegration, a low number of communities with this intend was found, such as training workshops, computer courses and educational support. All communities mandatorily reported the practice of larbotheraphy, which is highlighted as an important rehabilitation tool, reconstruction of citizenship and autonomy of the individual, which may be considered the core of the therapeutic program of any community. However, the ideal would be that this activity was added to other practices and projects to prepare the residents for their social reintegration[15]. On the other hand, larbotheraphy practices are also highlighted towards the construction of new forms of sociability, for example, the construction of enhanced work projects of skills and autonomy[16].

Similar results were found in a study involving teenagers living in a religious therapeutic community, in which community treatment program involved four aspects: larbotheraphy, community life, periodic visits to cultural places of the city and development of professional activities. The last element was represented by computer classes, guitar classes, crochet and embroidery. However, these activities are more playful and therapeutic than professional. Thus, this community had difficulties in prepare the residents for their social reintegration, which was a recurring theme in most communities of this study[5].

As described above, orientating the resident to labor market is a major challenge for most communities, as it is still done sporadically rather than systematized. In social reintegration, this orientation is seen as essential, since drug-addicted face several difficulties in their reintegration into society, including social exclusion which can lead to unemployment[17]. According to a survey with 12 former residents of a therapeutic community in Londrina (PR), 50% of residents were able to find a job after the leaving the community and 25% of respondents were unemployed[18]. Even higher unemployment levels were found in a survey with crack users treated in a detoxification unit of a hospital in Porto Alegre (RS), in which 80% were unemployed or self-employed[19]. Better results were presented by a survey conducted in Portugal, with the participation of 150 former residents of a local therapeutic community, where it was found low unemployment rate (20%)[20].

Regarding monitoring the dependent after therapeutic discharge, the results of this study showed a small number of therapeutic communities trying to make this record and monitoring of residents in the labor market, an action that could positively impact against possible relapses.

Family participation in the social reintegration of the addicted individual is well established in therapeutic communities, with joint activities between family and resident and frequent visits, in most communities. The importance of the family in social reintegration of the individual is also highlighted by the relevance to the emotional and social security of the addicted person during this phase[10]. Family is also important in psychosocial rehabilitation which is achieved by means of support, trust and dialogue[21]. Nevertheless, the number of communities with psychological care to the resident's family is still scarce. These results are similar to those found in a study in which drug-addicted highlighted the importance of family in social reintegration, combined with psychological intervention and prevention activities against relapse. According to the addicted individuals of the study, relapses are manifested most often by weakening and family conflicts, and important topic that deserves reflection[22].

Family visits within the therapeutic community, either weekly or monthly, are an important link aiming at a full rehabilitation. Their return to the family was the first step for social reintegration, which is easier or more difficult depending on their interest and concern[18].

Final remarks

The actions and activities aimed at social reintegration used by the studied therapeutic communities involve from larbotheraphy to training workshops, computer classes and educational support. However, it appears that these activities are limited to a small number of communities.

A key strategy for the addicted subject's social reintegration is the continuous interaction with the family and with the therapeutic community. This study showed that this interaction occurs through visits and joint activities between resident and family. However, the psychological assistance to families and the group treatment (family and resident) are seldom used by these institutions.

Their insertion in the labor market is also fundamental after therapeutic discharge. This aspect of the social reintegration process still faces lack of structuring in these communities. There is also mistrust and prejudice by those who employ a former resident as well as the lack of professional qualifications of these individuals.

The role of communities in psychosocial rehabilitation and resident's reintegration in social life is relevant. There is still a huge lack of public policies involving reintegration of these individuals and the overcome of social discrimination. This is possibly the most complex part of the treatment and the failure of psychosocial rehabilitation that often associates the individual to addiction.

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Received: September 1st 2015
Accepted: March 4th 2016