

Profile of users assisted at a Psychosocial Care Center for alcohol and other drugs

Perfil de usuários atendidos em um Centro de Atenção Psicossocial álcool e outras drogas

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ABSTRACT | OBJECTIVE: To identify the sociodemographic and clinical profile of users treated at a Psychosocial Care Center for alcohol and other drugs in a municipality in the north of Minas Gerais. **METHODS:** This is a quantitative, cross-sectional, descriptive and documentary study with medical records of patients admitted to a Psychosocial Care Center for alcohol and other drugs from January 2022 to June 2023. Data collection took place through a structured form, containing sociodemographic and clinical variables. Data were analyzed using descriptive statistics. **RESULTS:** It was found that the majority of patients were male (83.4%), mixed race (58.5%), single (47.1%), with an average age of 40.52 years, self-employed or unemployed (17.9%). Regarding the clinical profile, the prevalence of alcohol consumption (88.3%) and psychoactive substance use disorders (97%) was observed, as well as the predominance of non-intensive treatment modality (54.1%). **CONCLUSION:** Carrying out this research has social relevance, as it provides indicators on the health situation, as well as the monitoring of these patients. This information is essential to support the therapeutic proposal and planning of mental health actions.

KEYWORDS: Mental Health Services. Health Profile. Population Characteristics. Drug Users.

RESUMO | OBJETIVO: Identificar o perfil sociodemográfico e clínico dos usuários atendidos em um Centro de Atenção Psicossocial álcool e outras drogas de um município do norte de Minas Gerais. **MÉTODOS:** Trata-se de um estudo quantitativo, transversal, descritivo e documental com prontuários de pacientes admitidos em um Centro de Atenção Psicossocial álcool e outras drogas no período de janeiro de 2022 a junho de 2023. A coleta de dados ocorreu por intermédio de um formulário estruturado, contendo variáveis sociodemográficas e clínicas. Os dados foram analisados por estatística descritiva. **RESULTADOS:** Verificou-se que os pacientes, em sua maioria, eram do sexo masculino (83,4%), pardos (58,5%), solteiros (47,1%), com idade média de 40,52 anos, autônomos ou desempregados (17,9%). Em relação ao perfil clínico, observou-se a prevalência do consumo de álcool (88,3%) e de transtornos por uso de substância psicoativa (97,0%), bem como a predominância da modalidade de tratamento não intensivo (54,1%). **CONCLUSÃO:** Verificou-se o predomínio de homens solteiros, adultos, pardos, sem vínculo empregatício, em dependência de múltiplas substâncias como álcool e com transtornos por uso dessas substâncias.

PALAVRAS-CHAVE: Serviços de Saúde Mental. Perfil de Saúde. Características da População. Usuários de Drogas.

1. Introduction

The health movement and the Brazilian Psychiatric Reform brought about significant changes in mental health, with implications on how to care for and understand madness. Care is no longer based on social isolation, moral treatment and chronic institutionalization of patients to become a model of assistance for the creation of sociabilities and production of subjectivities.¹

In this context, on April 6th, 2001, Law No. 10,216 was published, which establishes the rights and protection of people with mental disorders and redirects mental health care in Brazil. Among the changes planned, this legislation prohibits the admission of patients with mental disorders in institutions with residential characteristics.²

From this legal framework, the GM Ordinance No. 336 of 2002 regulated the Psychosocial Care Centers (CAPS - *Centros de Atenção Psicossocial*) organized by size, population coverage and modality. The said ordinance also described the structure, minimum composition team and procedures performed.³ The care model in CAPS is structured from the Singular Therapeutic Project (STP), a clinical and strategic intervention tool that includes the participation of the user in the formulation, the resources of the territory and the involvement of the family. In addition to the division of responsibilities, goal setting and process reassessment.⁴

Ten years after Law No.10,216, GM/MS Ordinance No. 3,088 of 2011 was published, establishing the Psychosocial Care Network (RAPS - *Rede de Atenção Psicossocial*). It's a network consisting of an articulated set of health care points, organized to serve people with mental distress and needs arising from the use of alcohol and other drugs.⁵

RAPS aims to ensure the integrality of mental health care by prioritizing the de-institutionalization of users with mental disorders or who make abusive use of psychoactive substances (PASs), strengthening the territorial service and collaborating to reduce hospitalizations. This network is formed by: Psychosocial Care Centers

in their different modalities, Primary Care, Urgency and Emergency Care, Therapeutic Home Service (THS) and Reception Units.⁵

The consumption of PASs is a multifactorial phenomenon with redefinitions, that has accompanied human history and has increased worldwide. The World Drug Report from 2023 shows that about 296 million people used drugs in 2021, an increase of 23% in ten years, with 39.5 million presenting use-related disorders.⁶ Brazil has followed this trend, as shown by a study conducted in 2019 where 3.2% of the adult population claimed to have used illicit drugs in the previous 12 months.⁷ In 2023, another study showed that 20.8% of the population abuse alcohol.⁸

In this sense, the Policy of Integral Care to alcohol and other drug users established in 2003 by the Ministry of Health (MH) recommends that the treatment of PASs users occur, primarily, in CAPS alcohol and other drugs (CAPS AD II and/ or CAPS AD III) that are specialized services that use harm reduction, as a strategy in prevention and health promotion.⁹ For a period, CAPS AD IV (Ordinance No. 3.588/2017) operated as a 24/7 for people in more severe situations and intense suffering, however, this service was revoked by the GM/MH Ordinance No. 757 of June 21st 2023.¹⁰⁻¹²

Notably, CAPS AD III is responsible for providing care to patients with alcohol and other drug use disorders in cities or regions with at least 150,000 inhabitants. This service focuses on adults, with mental distress and continuous care needs. Assistance includes individual, family, therapeutic workshops, home visits, overnight stays holidays and weekends.⁵

Moreover, CAPS AD III has beds for third-shift care, intended to serve users with demands such as detoxification, crisis situations, management of cravings and withdrawal syndromes. It operates 24/7 and allows the user to stay up to 14 days every 30 days.¹¹ In this sense, a study carried out in 2018 showed that the implementation of this health service contributed to the reduction of hospitalizations due to emergencies related to the use of alcohol and other drugs that reached the emergency rooms.¹⁴

The importance of CAPS AD in the treatment and social reintegration of people with disorders related to the use of PASs was evidenced in studies that show that these services promote reception, harm reduction and reconstruction of social ties, even in contexts marked by vulnerabilities.^{15,16} Experiences with approaches such as Popular Health Education also demonstrate advances in the autonomy and participation of users, reinforcing the role of CAPS AD as spaces of care and inclusion.¹⁷

Given the importance of this specialized service for the rehabilitation and reintegration of PASs users, and considering that its abusive use consists in a serious public health problem intertwined with social, cultural and economic issues, this study is relevant because the knowledge about the profile of these users contributes to the development of intervention strategies, as well as favors the proposal of public policies based on the social and clinical reality of this public.

In view of the above, this study aimed to identify the sociodemographic and clinical profile of users treated at a Psychosocial Care Center for alcohol and other drugs in a municipality in northern Minas Gerais.

2. Methods

This is a quantitative, cross-sectional, descriptive and documentary study with medical records of users of a Psychosocial Care Center for alcohol and other drugs, located in northern Minas Gerais.

This study was developed in a CAPS AD III located in the north of the state of Minas Gerais. This mental health service is composed of a multiprofessional team that includes two (2) psychiatrists, four (4) psychologists, five (5) nurses, two (2) social workers, six (6) nursing technicians, one (1) pharmacist, and two (2) clerks. According to a survey conducted in 2024, CAPS AD III carried out 45,200 visits (16), however data on the number of unique users served during the study period were not available. It offers day care, third-shift care, therapeutic workshops, individual and family care, home visits, meetings with users, actions of intersectoral articulation and social reintegration to users with disorders due to the use of alcohol and other drugs.

The research sample comprised 429 patients over 18 years of age with admission to CAPS AD III and who fell within the time frame of January 2nd, 2022, and June 30th, 2023. In turn, the exclusion criterion considered was medical records not located at the time of collection.

The data were collected from the admission records of CAPS AD III between October and December 2023, only in the shifts in which they were on duty as residents. All available medical records meeting the inclusion criteria were reviewed. The instrument used was a structured questionnaire, containing the following sociodemographic variables: place of origin, sex, age, residence, race, marital status, schooling, profession/occupation, employment status, income. The clinical variables included: history of psychiatric hospitalization, origin of referral, type of PASs used, pattern of use, disorders resulting from the use of PASs, regularity of treatment, indicated treatment, class of drugs in use, clinical characteristics and comorbidities.

After the collection, the data were coded and stored in an electronic spreadsheet and submitted to the statistical program SPSS (Statistical Package for the Social Sciences) version Windows 22.0 and, subsequently, were submitted to descriptive statistics (simple and percentage frequencies).

Regarding the bioethical aspects, this study meets the resolution No. 466/12 of the National Health Council (NHC)¹¹, with approval of the Research Ethics Committee of the State University of Montes Claros, Approval No. 4.891.729/ 2021.

3. Results

Among the 429 patients, males predominated (n=358; 83.4%), aged between 18-59 years (n=389; 90.7%), mean age of 40.52 years, from the city of Montes Claros (n=419; 97.7%), urban area (n=420; 97.9%), single (n=202; 47.1%) and unemployed (n=77; 17.9%). In relation to the variable "housing", fixed residence stands out (n=323; 75.3%), regarding family support for those who have some form of family or emotional support (n=299; 69.7%). Regarding schooling, most users had complete high school/incomplete higher education (n=77; 17.9%) (Table 1).

Table 1. Sociodemographic characteristics of clients served at CAPS AD III. Montes Claros, Minas Gerais, Brazil, 2022-2023. (N=429)

Variables	N	%
Sex		
Male	358	83.4
Female	71	16.6
Age		
18 – 59 years	389	90.7
≥ 60 years	40	9.3
Marital Status		
Single	202	47.1
Married	61	14.2
Stable union	10	2.3
Divorced	18	4.2
Widowed	3	0.7
Separated	1	0.2
Uninformed	134	31.2
Color/Race		
White	42	9.8
Brown	251	58.5
Black	26	6.1
Yellow	7	1.6
Other	1	0.2
Uninformed	102	23.8
Education		
Illiterate	4	0.9
Incomplete elementary I	24	5.6
Complete elementary I /Incomplete elementary II	61	14.2
Complete Elementary / Incomplete high school	56	13.1
Complete high school /incomplete college	77	17.9
Complete college	10	2.3
Uninformed	197	45.9
City of origin		
Montes Claros	419	97.7
Another city	10	2.3
Zone of origin		
Urban Zone	420	97.9
Rural Zone	9	2.1
Profession/Occupation		
Employed	34	7.9
Own-account worker	77	17.9
Retiree	19	4.4
Unemployed	77	17.9
No occupation	63	14.7
Uninformed	159	37.1
Job link		
Formal	29	6.8
Informal	82	19.1
No activity	184	42.9
Uninformed	134	31.2
Family Support		
No	105	24.5
Yes	299	69.7
Uninformed	25	5.8
Housing		
Fixed	323	75.3
Homeless	105	24.5
Uninformed	1	0.2
Benefit		
Care	26	6.1
Social security	18	4.2
Income Transfer	88	20.5
Uninformed	296	69

Source: the authors (2023).

As for the clinical variables, there was a predominance of spontaneous demand (n=122; 28.4%), "non-intensive" treatment (54.1%), and a high rate of treatment evasion (n=173; 40.3%). Alcohol was the most used psychoactive substance (n = 379; 88.3%). We note the prevalence of prescription anxiolytics (n=380; 88.6%) and disorder by use of PASs (n=416; 97%) (Table 2).

Table 2. Clinical characteristics of users treated at CAPS AD III. Montes Claros, Minas Gerais, Brazil, 2022-2023. (N=429)

Variables	N (375)	%
Origin of the referral		
Spontaneous demand	122	28.4
Basic care	55	12.8
General hospital	25	5.8
Other CAPS	89	20.7
Emergency service	2	5
Uninformed	136	31.7
Treatment modality		
Intensive	151	35.2
Semi-intensive	27	6.3
Non-intensive	232	54.1
Uninformed	19	4.4
Treatment frequency		
Regular	79	18.4
Irregular	130	30.3
High	44	10.3
Uninformed	3	7
Use of psychoactive substances		
Alcohol	379	88.3
Cocaine	123	28.7
Crack	106	24.7
Marijuana	70	16.3
Tobacco Use	140	32.6
Use pattern		
Daily	402	93.7
Weekly	13	3
Occasionally	11	2.6
Uninformed	3	0.7
Use of medications		
Anxiolytics	380	88.6
Anticonvulsants	295	68.8
Antidepressants	285	66.4
Antipsychotics	260	60.6
Vitamins	293	68.3
PASs use disorders		
Yes	416	97
No	13	25.6
Comorbidities		
Arterial hypertension	58	13.5
Diabetes	21	4.9

Source: the authors (2023)

4. Discussion

In this research, there was a predominance of adult male users, corroborating with findings from a study conducted at a CAPS AD in Curitiba.¹⁹ The predominance of males may be related to gender issues affecting women's access to mental health services. Social stigma, along with historical and cultural factors, often portray women as "good and virtuous" individuals, a perception that conflicts with the image associated with drug users. As a result, many women may avoid seeking help out of fear of judgment and social repercussions. It is important to implement actions aimed at the specific needs of this public in order to make the space more attractive and welcoming for women, improving their access to mental health care.²⁰⁻²²

Concerning marital status, there was a predominance of self-declared single users, corroborating two studies conducted in Brazil, one in the northeast and another in the southeast region, which indicate that people who abuse alcohol and other substances are more likely to experience fragility of the affective ties and marital separations, because there is a certain exhaustion on the part of family members and spouses as well as the difficulty on the part of the patient in building and/or maintaining stronger bonds.^{23,24}

The socioeconomic and demographic findings of this research can be directly related to the use of PASs, because it leads to situations of social vulnerability due to social isolation and high unemployment rates, as well as the lack of basic social rights, such as housing, food, work and education. An important aspect, since the use of PASs is more easily inserted in highly vulnerable populations.²⁵

Although the majority of users were registered as residents in fixed housing, this information should be interpreted with caution, since the use of secondary data, such as medical records, presents limitations related to the incompleteness and quality of the information.²⁶ In many cases, it was not possible to identify whether the housing indicated was effectively stable or if it was temporary shelter, transient residence or informal occupation, which may lead to underreporting of the housing vulnerability situation.

Diverging from other studies that associate the abusive use of PASs to school dropout and low schooling, the data of this study showed a majority of users with complete high school or incomplete higher education. This result may reflect changes in the sociodemographic profile of CAPS AD users, indicating greater schooling of the general population, greater access to health services or specific regional characteristics that require further investigation. Thus, the findings of this study represent a possible exception to the predominant trend in the literature and suggest the multifactorial complexity that involves the consumption of PASs.^{19,20,22}

Most users were unemployed, followed by informal work. In this context, early entry into the labor market and the lack of professional qualification contributes

to unemployment and underemployment of this social segment. This work condition also refers to a historical recurrence in which users with mental disorders are stigmatized and labeled as incapable and unproductive.^{19,20,22}

We also highlight the lack of public policies for the inclusion of these users in the labor market, resulting in financial dependence, informal work and social benefits. Thus, CAPS need to develop income-generating workshops so that the users of this substitute service recover their self-esteem and socio-productive capacity.¹⁹

When it comes to the use of PASs, the family is an ambivalent institution, since the family context can be a protective or aggravating factor, depending on the socio-familial dynamics. The family is protective when it offers a harmonious, safe environment. However, it can be considered a risk factor when the environment is disordered and lacks social support.²⁷ Similarly, the present study showed that most users have family support, which may influence adherence to treatment, however, since this is a documentary research, there is no information about the quality of this link and how it influences the treatment.

Regarding treatment, a study conducted in Montes Claros - MG in 2015 revealed that the most used modality of treatment in a CAPS AD II was the intensive regime (51%). The present study highlighted non-intensive treatment, in which users do not need continuous support, limiting their assistance to three days in the month.²⁸

In line with the findings of this study, other studies^{29,30} have shown high rates of dropout, since this is a clinic with frequent recurrence of treatment abandonment due to the complexity that involves the treatment of chemical dependence.³¹

The high number of users seeking care by spontaneous demand can be understood by the recognition and acceptance of CAPS in the territory. However, other studies mention that the predominance of spontaneous demand may be an indication of the inexistence or disarticulation of the mental health care network. It is interesting to note that there is a network of articulation among users who talk about the service, encouraging others to seek help.^{22,28,29}

In relation to the preferred PASs, this research found the prevalence of alcohol use (88.3%), which can be explained by the fact that alcohol is a licit and easily accessible drug. Accordingly, a study conducted in CAPS AD of Rio Grande do Sul¹⁸ showed that the combined use of alcohol with other PASs is present in approximately 77% of cases, because the combined use of other drugs can reduce the intensity of negative effects, such as cravings and anxiogenic effects.^{20,21} The consumption pattern of the psychoactive analyzed identified the predominance of daily use.

Drug treatment is one of the main methods offered to users in abusive use of PASs. In this study it was observed that the most prescribed therapeutic classes were benzodiazepines, antidepressants, vitamins and antipsychotics, similar to data found in other studies. These drugs are used in the treatment of dependency syndrome, abstinence, nutritional deficiencies and mental disorders.^{22,32}

The drug prescription in CAPS AD is complex, due to the abusive use of PASs, concomitant with the use of psychiatric polypharmacy and the social context of each user. The pharmacodynamics and pharmacokinetics of these drugs can be altered by both PASs in use and other drugs, and this should be considered, making clear what may exacerbate adverse reactions. Clear and accurate information is the best strategy to combat adherence problems that occur frequently.^{22,32}

As for comorbidities, a study demonstrated the recurrence of psychiatric disorders in PASs users more often than non-drug users, making it necessary to identify abuse of PASs for treatment and adequate prognosis. Among the most commonly found psychiatric comorbidities among users, depressive disorders and personality disorders stand out.³³

A study conducted in Curitiba corroborates the findings of this research that systemic arterial hypertension was the most frequent non-psychiatric comorbidity, and among the main causes of secondary hypertension is the use of alcohol, cocaine, crack and amphetamines.¹⁹

This research identified as limitations the fragility of records of certain information in medical records, especially sociodemographic data such as: education, race, marital status and income, as well as the lack of scientific production on this subject, especially in the region where the study was conducted.

5. Conclusion

This study revealed the predominance of single, adult, brown-skinned men, without employment, dependent on multiple substances, with a predominance of alcohol, followed by tobacco and cocaine. However, there was a high level of schooling, which diverges from other studies. Such knowledge is relevant for the development of interventions in line with the sociocultural reality and the specific demands of this population, implementing care that considers users' singularities, providing quality in care and, therefore adherence to the treatment.

It also points to the need for training for better filling of medical records, since the registration of information about users is fundamental for the management of cases and instruments duly filled out and with legibility can provide reliable epidemiological data and enable academic research.

Given the impact of the demands of this public on their families and the community, there stands out the need for health services to be properly qualified to offer a humanized and problem-solving embracement. The findings of this study offer important input for the formulation and implementation of care and harm reduction strategies based on scientific evidence, aligned with advanced nursing practices.

Authors' contributions

The authors declared to have made substantial contributions to the work in terms of research conception or design; data acquisition, analysis or interpretation for the work; and writing or critical review of relevant intellectual content. All authors approved the final version to be published and agreed to take public responsibility for all aspects of the study.

Competing interests

No financial, legal or political conflict involving third parties (government, companies and private foundations, etc.) has been declared for any aspect of the submitted work (including but not limited to grants and funding, participation in advisory board, study design, manuscript preparation, statistical analysis, etc.).

Indexers

The Journal of Contemporary Nursing is indexed in [DOAJ](#) and [EBSCO](#).



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