

DOI: <https://doi.org/10.36489/saudecoletiva.2020v10i53p2506-2519>

# Social exclusion experienced by drug dependent people and their families: integrative review of literature

Exclusión social experimentada por personas dependientes de drogas y sus familias: revisión integrativa de literatura

Exclusão social vivenciada por pessoas dependentes de drogas e seus familiares: revisão integrativa da literature

## ABSTRACT

**Objective:** to investigate the perception of social exclusion of families of drug users described in the literature. **Method:** This is an integrative literature review, based on the Prisma Protocol, on the Pubmed and VHL search strategies, based on the following guiding question: "What aspects of social exclusion are experienced by drug users and their families?". The data were organized by the Iramuteq® software. **Results:** 14 articles were analyzed from which two classes emerged: Relationships permeated by stigma and mistrust and Strategies that contribute to the reduction of discrimination and stigma. **Conclusion:** the main aspects of exclusion experienced by drug users and their families were: the difficulty in having access to education and culture, living with unemployment, violence and prejudice, which negatively influenced the quality of life of this population.

**DESCRIPTORS:** Drug Users; Family Relations; Social Stigma; Public Health; Substance-Related Disorders.

## RESUMEN

**Objetivo:** investigar la percepción de exclusión social de las familias de consumidores de drogas descrita en la literatura. **Método:** Esta es una revisión bibliográfica integradora, basada en el Protocolo Prisma, en las estrategias de búsqueda de Pubmed y BVS, basada en la siguiente pregunta guía: "¿Qué aspectos de la exclusión social experimentan los usuarios de drogas y sus familias?". Los datos fueron organizados por el software Iramuteq®. **Resultados:** se analizaron 14 artículos de los que surgieron dos clases: relaciones impregnadas de estigma y desconfianza y estrategias que contribuyen a la reducción de la discriminación y el estigma. **Conclusión:** los principales aspectos de exclusión experimentados por los usuarios de drogas y sus familias fueron: la dificultad de tener acceso a la educación y la cultura, vivir con desempleo, violencia y prejuicios, lo que influyó negativamente en la calidad de vida de esta población.

**DESCRIPTORES:** Consumidores de Drogas; Relaciones Familiares; Estigma Social; Salud Pública; Transtornos Relacionados con Sustancias.

## RESUMO

**Objetivo:** investigar a percepção de exclusão social de famílias de usuários de drogas descritos na literatura. **Método:** Trata-se de uma revisão integrativa da literatura, realizada com base no Protocolo Prisma, nas estratégias de busca Pubmed e BVS, a partir da seguinte questão norteadora: "Quais aspectos da exclusão social são vivenciados por usuários de drogas e seus familiares?". Os dados foram organizados pelo software Iramuteq®. **Resultados:** analisaram-se 14 artigos dos quais emergiram duas classes: Relações permeadas pelo estigma e a desconfiança e Estratégias que contribuem para a redução da discriminação e do estigma. **Conclusão:** os principais aspectos de exclusão vivenciados por usuários de drogas e seus familiares foram: a dificuldade em ter acesso à educação e à cultura, conviver com o desemprego, violência e preconceito, os quais influenciaram negativamente a qualidade de vida desta população.

**DESCRITORES:** Usuários de Drogas; Relações Familiares; Estigma Social; Saúde Pública; Transtornos Relacionados ao Uso de Substâncias.

RECEIVED ON: 02/14/2020 APPROVED ON: 02/15/2020

## Thamires Fernandes Cardoso da Silva Rodrigues

Nurse. Doctoral student in Nursing by the Graduate Program in Nursing at the University State of Maringá (UEM). Maringá, Paraná, Brazil. <https://orcid.org/0000-0001-7942-4989>

## **Luana Cristina Bellini Cardoso**

Nurse. Doctoral student in Nursing by the Graduate Program in Nursing at the University State of Maringá (UEM). Maringá, Paraná, Brazil. <https://orcid.org/0000-0001-8460-1177>

## **Anderson da Silva Rêgo**

Nurse. PhD student in Nursing by the Graduate Program in Nursing at the University State of Maringá (UEM). Maringá, Paraná, Brazil. <https://orcid.org/0000-0002-0988-5728>

## **Patrícia Bossolani Charlo**

Nurse. Doctoral student in Nursing by the Graduate Program in Nursing at the University State of Maringá (UEM). Maringá, Paraná, Brazil. <https://orcid.org/0000-0002-8262-2086>

## **Marcelo da Silva**

Nurse. PhD student in Nursing by the Graduate Program in Nursing at the University State of Maringá (UEM). Maringá, Paraná, Brazil. <https://orcid.org/0000-0002-0376-0430>

## **Maria Aparecida Salci**

Nurse. PhD in Nursing. Adjunct Professor of the Nursing Graduate Program at State University of Maringá (UEM). Maringá, Paraná, Brazil. <https://orcid.org/0000-0002-6386-1962>

## **Cremilde Aparecida Trindade Radovanovic**

Nurse. PhD in Nursing. Adjunct Professor of the Nursing Graduate Program at State University of Maringá (UEM). Maringá, Paraná, Brazil. <https://orcid.org/0000-0001-9825-3062>

## **INTRODUCTION**

**D**rug addiction is progressively increasing worldwide, and it is a worrying public health problem. Due to the complexity of facing this problem, it is necessary to articulate the different sectors of society, such as health, education and security. This issue cannot be dealt with only at the individual level, disregarding the events that make up the social being and, in this sense, the family is a primary element to be addressed in therapeutic programs aimed at drug addiction<sup>(1-2)</sup>.

Drug addiction culminates in abandonment and the breaking of affective bonds, leading to social isolation and conflicts with the support network. This situation causes the subjects to be stigmatized and marginalized, which reinforces the exclusionary approaches<sup>(1)</sup>. Thus, social exclusion is understood as a discontinuity between the fields of power, whether in the economy, politics or society, which establish subordinate relationships between people, groups and communities<sup>(3)</sup>.

In this aspect, the processes of exclusion refer to the fragility of the bonds between family, friends, society and to a range of states of non-social belonging,

since expropriation has repercussions in suffering, in a way that tends to extrapolate singular barriers, affecting people who live with drug users<sup>(3-4)</sup>. Thus, the concept of “collective identity” develops, when the neglected behavior of a person reflects on the other members of the family, so that the daily lives of all those who live closest to him, suffer, as a result, a breakdown. It is estimated that, for each subject using drugs, between four and five family members (spouses, children and parents) will be directly or indirectly affected<sup>(2,5)</sup>.

Thus, it is necessary to understand the aspects related to the social exclusion of people dependent on drugs, as well as this is felt by their family members, so that the results can support the planning of assistance and even, the conduct of public policies aimed at treatment. and prevention of this condition, in order to overcome technical conducts that do not fully contemplate the human being, reducing only the physical and biological dimension. As well as understanding that the suffering caused by rejection and stigma, which in certain cases, can generate depression, stress and self-destructive tendency<sup>(2-3,6)</sup>.

In order to cover this analysis, the question arose: What are the aspects of social ex-

clusion experienced by drug users and their families, described in the literature? Thus, the objective was to investigate the perceptions of social exclusion of drug users of abuse and their families described in the literature.

## **METHODOLOGY**

It is an Integrative Literature Review, structured according to the Prisma Protocol<sup>(7)</sup>. To elaborate the methodological path, the PICO strategy was used<sup>(8)</sup>, adopting as P - drug users and their families, I - drug addiction, C - did not apply and O - perception of social exclusion: What aspects of social exclusion are experienced by drug addicts and their families described in the literature ?

The following inclusion criteria were adopted: original article, published in its entirety and available electronically, between January 2013 and December 2017, without restriction of language, origin of the productions or method used. Literature/reflection reviews, editorials, summaries of annals, theses, dissertations, Course Conclusion Papers, epidemiological bulletins, management reports, research conducted with animals, official documents of national or international programs and books

were excluded. In the case of duplicate articles, it was considered only once. To ensure that all works included in the review met the proposed criteria, two reviewers evaluated and compared the results thoroughly.

Data collection occurred in September 2017, and updated in April 2018, in the search strategies Virtual Health Library (VHL) and International Literature in Health Sciences (Pubmed). The descriptors extracted from the Medical Subject Headings (Mesh) were used: "Drug Users", "Family", "Social Stigma" and "Social Exclusion", incorporated by the Boolean connector "AND". The following combination of descriptors was admitted in both search strategies: "Drug Users AND Family"; "Drug Users AND Family AND Social Stigma"; "Drug Users AND Social Stigma" and "Drug Users AND Social Exclusion AND Family".

The selection of articles took place in three stages: 1) Reading titles and abstracts and excluding those that did not meet any of the criteria; 2) Full reading of the articles selected in the first stage; 3) Selection of works that met the eligibility criteria. The stages were carried out by two researchers independently, at different times, disagreements were discussed until there was consensus. Duplicate articles were deleted after reading in full, in order to avoid errors of exclusions.

To extract the information, an instrument was created containing the following items: title of the articles, year of publication, name of the authors, place of study, level of evidence, title of the journal with the volume and year, objectives, method, results and conclusion. Seven levels of evidence were adopted: level 1, from a systematic review or meta-analysis of randomized controlled clinical trials or from clinical guidelines based on systematic reviews of randomized controlled clinical trials; level 2, derived from a randomized controlled clinical trial; level 3, obtained from clinical trials without randomization; level 4, from cohort and case-control studies; level 5, originating from a systematic review of descriptive and qualitative studies; level 6, derived from a single des-

criptive or qualitative study; level 7, arising from the opinion of authorities and/or the report of expert committees<sup>(9)</sup>.

For step four, the IRAMUTEQ<sup>®</sup> software was used ALFA 2.3.3.1 (acronym for R pour les Analyses Multidimensionnelles de Textes et de Questionnaires), which through lexical analysis of words and use of the R software, allows different processing and statistical analysis of the narratives produced<sup>(10)</sup>. Initially, a textual corpus was elaborated with the main results of the articles that make up this review, this gave rise to 95 text segments or Elementary Context Units (ECU). Then, the word cloud was created, which organizes the words according to their frequency in the corpus, the larger the word appears

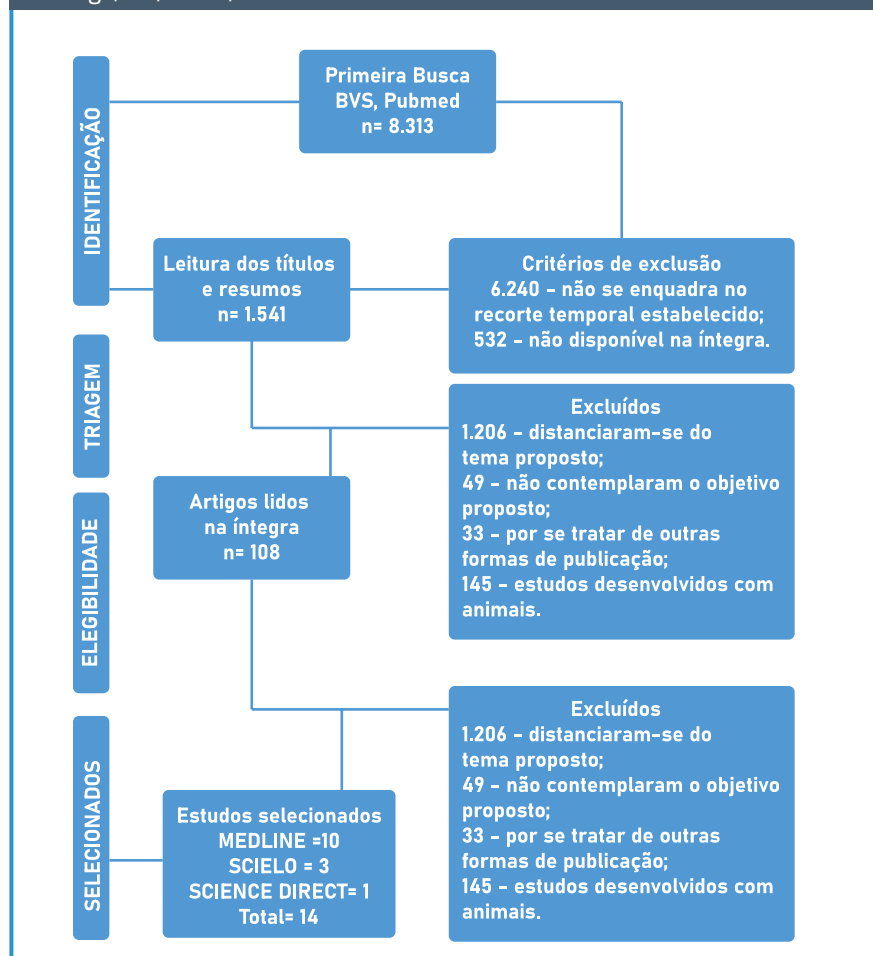
in the cloud, the greater the number of times it appears in the results.

For the construction of the classes, the words with  $p < 0.001$  were selected, being: user, drug, stigma, family, health, care, use, social, treatment and discrimination. These words gave rise to two classes: Relations permeated by stigma and mistrust and Strategies that contribute to the reduction of discrimination and stigma. In the final stage, the data was presented through a table showing the synthesis of the studies and the word cloud.

## RESULTS

The review consisted of 14 works; the figure below describes the selection process of the articles (Figure 1).

Figure 1. Selection process of works that made up this Integrative Review. Maringá, PR, Brazil, 2018



Source: Adaptation of the Flow Diagram<sup>(7)</sup>.



it was identified in the literature the description of a socioeconomic, cultural and educational profile in which it portrays the families' misery, and the way they live in situations of exclusion. This scenario puts them in constant susceptibility to develop problems with drugs and, therefore, difficulties in complying with the current laws, in addition to suffering different types of violence that compromise the family integrity<sup>(4,19)</sup>.

Exclusion makes people unable to take part in the life of the community and to interact socially. The implicit selective mechanisms of social life provide stratification, stigmatization and guilt for the most vulnerable groups. Thus, subjects are excluded from social life, politics and morals<sup>(3)</sup>.

Regarding the perception of exclusion, similar aspects were identified between family members and drug addicts. Both felt depressed and ashamed for using or having a dependent family member. This fact can be associated with stigma, which reduces the user to being marginal and/or lacking in character. Thus, the drug was considered a source of stress, burden and suffering for both individuals<sup>(5,12,19)</sup>.

The World Health Organization (WHO) advises governments to carry out health actions, in the context of programs to combat drugs, in order to promote the well-being of individuals, families and society, respecting dignity and rights human beings, paying attention to socially unprotected populations. However, interventions should be focused on drug addiction subjects and their families, based on social and health determinants in each location<sup>(20)</sup>.

The Ministry of Health reconsider traditional approaches to tackling drugs because they have proven to be ineffective, in addition to attempting only to suppress drug use without, however, considering people's history, such as social untying and the lack of emotional ties, the which makes it difficult to maintain abstinence. It is

therefore recommended that health care for drug dependent people be based on the reconstruction of social beings, enabling real insertion or rein-

**It was also found that the subjects had different goals regarding treatment. Most users wanted to live a life free from dependency, to be happier, more relaxed, to achieve abstinence and to be heard without judgment. Family members, on the other hand,**

tegration into the community, valuing small achievements and focusing on harm reduction<sup>(3)</sup>.

It was also found that the subjects had different goals regarding treatment. Most users wanted to live a life free from dependency, to be happier, more relaxed, to achieve abstinence and to be heard without judgment. Family members, on the other hand, wanted to improve social relationships and that the drug addict could return to his professional life<sup>(6,16)</sup>. In this sense, it is necessary that health professionals pay attention to the concerns of this public, recognize the different demands and thus direct care, in order to minimize suffering, anxiety and lead the group to well-being.

The importance of inserting family members in the care project is highlighted so that they realize that they are an integral part of this process, since the family is the first and most intense agent of socialization, capable of understanding and meeting the needs of its members. The intervention model geared to families has the greatest potential to drive and support changes, by assigning roles and responsibilities to subjects, encouraging them to have viable goals, regarding abstinence, personal hygiene and education itself; these favor the construction of an environment of mutual trust, resulting in gains, whose objective is the credibility of social relations<sup>(3,5,21)</sup>.

Considering the knowledge of drug addicts and their families about their problem increases the therapeutic expectations of the groups, making it possible to direct care actions so that they are effective in each reality. Family-based care has beneficial effects on the lives of dependents, reduces social isolation; strengthens interpersonal relationships; helps in solving problems and emotional loss through communication, preventing recurrences<sup>(6)</sup>.

As for the reduction of social stigma, it was observed that investing in

education, both for professionals and for society, was a powerful tool to combat prejudice. This should be directed so that it can cover issues that deal with the rights of people dependent on drugs, such as holistic, humanized, empathic and free from discrimination, to enjoy public spaces and social assistance, rights guaranteed by Federal Law n 10,216 of 2001, known as the Psychiatric Reform Act<sup>(1,20,22)</sup>.

Another important aspect refers to the responsibility and professional commitment to eradicate the stigmatizing concepts that encompass drug addiction. It is necessary to sensitize the professionals, so that they are willing to break with the principles of control and exclusion, and also involve society in an effort to reflect on the use of drugs, based on the principle of equity and qualify the service, the in order to overcome such misconceptions and increase confidence in health services<sup>(16,23)</sup>.

The importance of valuing support groups is highlighted, as they are configured as strategies that help families to strengthen and fight for the well-being of the group, through the exchange of experiences, qualified listening, more therapeutic approaches humanized, behaviors that respect people's culture, history, beliefs and decisions. In this way, groups are effective in helping individuals to empower themselves, to develop self-care strategies and to stimulate protagonist actions by drug users, so that they can fight for their right to health<sup>(6,13,24-25)</sup>.

Given this scenario, it is necessary to build spaces that foster discussions with the community, in order to clarify the nuances that pervade drug addiction, its burdens, the possibilities of treatment and the issues associated with harm reduction. And also, that people feel welcomed and realize that their desires are valued by professionals, because from this relationship of proximity and respect between the service and the population there is a

**Another important aspect refers to the responsibility and professional commitment to eradicate the stigmatizing concepts that encompass drug addiction. It is necessary to sensitize the professionals, so that they are willing to break with the principles of control and exclusion, and also involve society in an effort to reflect on the use of drugs, based on the principle of equity and qualify the service, the in order to overcome such misconceptions and increase confidence in health services<sup>(16,23)</sup>.**

greater chance of interventions to act positively in the lives of users and their families, and more, to minimize stigma and prejudice through access to quality information. Therefore, it is essential that health professionals act sensibly, focus on human beings and on the products of social relations, demand more time for the subjects to listen, as well as allow families and users to participate in the elaboration of coping strategies that are appropriate to your reality, belief and culture.

The importance of different fields of society, such as universities, schools, organizations, churches, pastorals, companies, health services, among others, is highlighted and shares actions that minimize inequalities, through professionalization activities and income generation, in order to improve people's quality of life and thus reduce the negative burdens arising from exclusion and poverty. It is worth mentioning the importance of investing in public policies aimed at drug dependence, with a focus on intersectoral actions, articulating the devices present in the Psychosocial Care Networks of each locality, especially promoting the potential of Primary Health Care services, due proximity to the population, in order to promote social protection to people.

## CONCLUSION

The results of this review showed that the main aspects of exclusion experienced by users and their families refer to the difficulty in having access to education and culture, in living with: unemployment, violence, abuse, both at home and abroad, the rejection of the community, lack of dialogue, stigma and prejudice. This deprivation resulted in low self-esteem, depressed feelings, self-deprecation and difficulty in entering society, which directly affected the quality of life of this population. It is hoped that

the findings can contribute to health professionals, in order to understand the importance of reaching family

members in therapeutic projects and valuing their potential, because, if well instrumentalized and empowered, the

family is able to identify the real ones needs of its members, favoring the targeting of assistance. ■

## REFERENCES

- Bard ND, Antunes B, Roos CM, Olschowsky A, Pinho LB. Stigma and prejudice: the experience of crack users. *Rev. Latino-Am. Enfermagem*. 2016;24:e2680.
- Botti NCL, Machado JSA, Tameirão FV, Costa BT, Benjamin MLN. The transgenerational functioning of families of crack users. *Psicol. Argum.* 2014;32(76):45-55.
- Souza J. Crack e exclusão social. Brasília: Ministério da Justiça e Cidadania, Secretaria Nacional de Política sobre Drogas [Internet]. 2016 [citado em 2017 set 16]. Disponível em: <http://www.aberta.senad.gov.br/medias/original/201702/20170214-115213-001.pdf>
- Fertig A, Schneider JF, Oliveira GC, Olschowsky A, Camatta MW, Pinho LB. Women crack users: knowing their life stories. *Esc Anna Nery*. 2016;20(2):310-316.
- Li L, Tuan NA, Liang LJ, Lin C, Farmer SC, Flore M. Mental Health and Family Relations: Correlated Reports from People Who Inject Drugs and their Family Members in Vietnam. *Int J Drug Policy*. 2014;24(6).
- Ghasemi A, Foroshani AR, Kheibar N, Latifi M, Khanjani N, Afkari ME, et al. Effects of Family-Centered Empowerment Model Based Education Program on Quality of Life in Methamphetamine Users and Their Families. *Iran Red Crescent Med J*. 2014;16(3):e13375.
- Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P). *PLoS Medicine*. 2009;6(7):e1000097.
- Santos CMC, Pimenta CAM, Nobre MRC. The PICO strategy for the research question construction and evidence search. *Rev Latino-am Enfermagem*. 2007;15(3).
- Galvão MC. Níveis de evidência [Editorial]. *Acta Paul. Enfermagem*. 2006;19(2).
- Camargo BV, Justo AM. Tutorial para uso do software de análise textual IRAMUTEQ [Internet]. Laboratório de Psicologia Social da Comunicação e Cognição – LACCOS Universidade Federal de Santa Catarina; 2013. Disponível em: <http://www.iramuteq.org/documentation/fichiers/tutoriel-en-portugais>
- Mora-Ríos J, Ortega-Ortega M, Media-Mora ME. Addiction-Related Stigma and Discrimination: A Qualitative Study in Treatment Centers in Mexico City. *Substance Use & Missue*. 2016.
- Micknight C, Shumway M, Masson CL, Pouget ER, Jordan AE, Jarlais DCD et al. Perceived discrimination among racial and ethnic minority drug users and the association with health care utilization. *J Ethnicity Substance Abuse*. 2017.
- Walther T, Ford A, Templeton L, Valentine C. Compassion or stigma? How adults bereaved by alcohol or drugs experience services. *Health and Social Care in the Community*. 2017;25(6):1714–1721.
- Nguyen HV, Nguyen HLT, Mai HT, Le HQ, Tran BX, Hoang CD et al. Stigmatization among methadone maintenance treatment patients in mountainous areas in northern Vietnam. *Harm Reduction Journal*. 2017; 14:1.
- Gunn A, Guarino H. "Not human, dead already": Perceptions and experiences of drug-related stigma among opioid-using young adults from the former Soviet Union living in the U.S. *Int J Drug Policy*. 2016; 38:63-72.
- Haskell R, Graham K, Bernards S, Flynn A, Wells S. Service user and family member perspectives on services for mental health, substance use/addiction, and violence: a qualitative study of their goals, experiences and recommendations. *Int J Ment Health Syst* [Internet]. 2016 [cited 2017 out 10] 10(9):1-14. Doi: <https://10.1186/s13033-016-0040-3>
- Ventura CAA, Carrara BS, Bobilli S, Vedana KGGV, Khenti A, Hayashida M et al. General Beliefs and Stigma Regarding Illicit Drug Use: Perspectives of Family Members and Significant Others of Drug Users in an Inner City in Brazil. *Issues in Mental Health Nursing*. 2017.
- Andrade ACM. Impacto da crise nas respostas/medidas de combate à pobreza e exclusão social no distrito de Coimbra. Excerto do relatório de estágio da Faculdade de Economia da Universidade de Coimbra [Internet]. 2014. Disponível em: <https://core.ac.uk/download/pdf/19731903.pdf>
- Asante KO, Lentoor AG. Use of crystal methamphetamine among male adolescents in Cape Town, South Africa: Caregivers' experiences. *Substance Abuse Treatment, Prevention, and Policy*. 2017; 12:18.
- World Health Organization. Public health dimension of the world drug problem. Seventieth World Health Assembly A70/29. Provisional agenda item 15. 3. [Internet]. 2017. Available from: [http://apps.who.int/gb/ebwha/pdf\\_files/WHA70/A70\\_29-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_29-en.pdf)
- Paula ML, Jorge MSB, Vasconcelos MGF, Albulquerque RA. Assistance to the drug user in the primary health care. *Psicol. estud*. 2014;19(2):223-233.
- Brasil. Ministério da Saúde. Lei n. 10.216, de 06 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. Brasília: Ministério da Saúde.
- Júnior JMP, Miranda FAN, Dutra SVO, Santos EC, Silva MB. Psychiatric Reform and Mental disorders in the Family Health Strategy: family and professional opinion. *Cienc Cuid Saude*. 2014;13(2):271-277.
- Lago RR, Peter E, Bógus CM. Harm Reduction and Tensions in Trust and Distrust in a Mental Health Service: A Qualitative Approach. *Substance Abuse Treatment, Prevention, and Policy*. 2017; 12:12.
- Santos TS, Lima ACF. Challenges of interdisciplinarity in pet-Redes de Atenção Psicossocial and nursing activities. *J Nurs UFPE online*. 2018;12(5):1493-9.