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DRUG USERS: CLINICAL, CONSUMPTION AND ASSOCIATED DISEASES

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ABSTRACT

Objective: to analyze the clinical aspects, the pattern of consumption and associated diseases in drug users. *Method:* Cross-sectional exploratory-descriptive study carried out in municipalities of the 11th Regional Health Coordination of the State of Ceará, Brazil. The show was made up of 141 drug users. The instruments were: sociodemographic, clinical form and consumption pattern. Results: 64.5% are male, and 50.3% then in the age group between 21 and 50 years old. 56.7% have a Catholic religion. Most presented the diagnosis F19 - mental and behavioral disorders due to the use of multiple psychoactive substances. 34% had clinical comorbidities and 12.8% psychiatric. 85.8% had a history of drug addiction in the family. *Conclusion:* the results suggest an association between problematic drug use and the emergence of associated diseases / comorbidities, both clinical and psychiatric. The family history of members with problematic drug use can be an important element in planning family care, with a focus on promoting mental health.

INTRODUÇÃO

Substance use and its various patterns of use that provide changes in the state of consciousness are present in the history of humanity according to the cultural processes of each civilization in certain periods, with its use in different contexts, rituals, parties and even alternative treatments[1].Currently, drug abuse is related to serious psychological, interpersonal, social and physical problems[2]. Having the first consumption experience, usually in adolescence, which can be motivated by poor school performance, family context, behavioral and emotional problems[3]. According to the world report on drugs, [4] about 35 million people suffer from disorders caused by the use of psychoactive substances (PAS), estimates point to the growing increase in this number, with drug abuse being considered a serious public health problem. With this in mind, drugs are characterized as legal or illegal due to the laws in force which determine those that can be consumed legally,

such as alcohol and tobacco derivatives, and illegal ones such as marijuana, cocaine and crack[5]. The consumption of those mentioned last is associated with premature death, violence and aggression, although the use of legalized substances can be equally dangerous. Thus, the use of illicit drugs is commonly predisposed by the previous use of licit drugs[6]. In Brazil, drug use is related to the compromised health of users, in order to negatively influence biopsychological problems, building emotional bonds and quality of life[7]. Thus, the harmful use of drugs intervenes in the mental health-disease process of users and family members. It can be a predictor of suicidal behavior, thus being a risk factor[8]. Therefore, the term drug user, which addresses the present study, is used due to the lack of precision regarding the use of other denominations such as the word toxic or narcotic, which are specific to some substances or effects, the drug user being the one who makes use of legal and illegal drugs[9]. In view of this, the planning of effective approaches for detecting and evaluating the mental and physical problems that result from drug use is necessary,

aiming to minimize the impacts on the health of users, family members and society[10]. Dependence also influences the social context, highlighting the family environment, which is impaired, thus weakening affective bonds, with partners and children, in addition resulting in loss of autonomy, which can compromise the recovery of the user and cause an increase in the consumption. Thus, family support is a protective factor[11]. Drug / psychoactive substance abuse is a complex problem and its relationship with mental illness is quite significant, since psychiatric comorbidities are commonly associated, in view of behavioral changes, among which depression, anxiety and depression stand out. bipolar disorder[12]. Therefore, the relationship between drug use and mental illness is evident, which highlights the importance of knowledge of the factors included in this context, as a way to outline the appropriate care for these people. Therefore, this article aims to analyze the clinical aspects, pattern of consumption and associated diseases in drug users.

METHODS

It is a research with a transversal quantitative approach with an exploratory-descriptive character, in which exposure to the factor or cause is present to the effect in a group of individuals in the same analyzed time interval, these studies make it possible to produce information on the frequency or prevalence of a disease or risk factors in a given time, as well as making associations between them[13]. Thus, a quantitative approach was used, which assesses the severity, risk and tendency of diseases and conditions. This research proposes an exact precision of the results, reducing the distortions of analysis and guaranteeing a valid safety margin for the inferences, allowing a higher level of reliability with standardized instruments and statistically significant probabilities[14]. The research was carried out at the 11th Regional Health Coordination of the State of Ceará ((known in Brazil by the Portuguese acronym CRES), which makes up the Sobral Macroregion, formed by 24 municipalities. Municipalities that have a reference mental health service for the care of drug users - psychoactive substances were considered eligible for this study scenario. Thus, ten municipalities with Centers for Psychosocial Atention ((known in Brazil by the Portuguese acronym CAPS) were identified, so through simple random sampling, five municipalities were obtained, as follows: the ten cities with mental health services were numbered sequentially and then the simple draw was carried out, which defined Cariré, Coreaú, Forquilha, Santa Quitéria and Varjota to develop research in the FHS, given the need to investigate the mental health situation and the risk of suicide in these users who have not yet sought CAPS. The study participants were users of psychoactive substances monitored in the FHS, those who had a severe cognitive impairment or who were unable to be interviewed because they were under the influence of a chemical substance were excluded. For the delimitation of the sample, a previous research was carried out in the selected FHS in order to estimate with the coordination of Primary Health Care the number of people who abuse drugs - psychoactive substance attended by the FHS, totaling 141 users, in which , subsequently the sample calculation was made for qualitative outcome assuming finite population, as shown below. The study was carried out from February to September 2019. The identification and approach of the participants was carried out by the professional of the support service of the research and scholarship students of scientific initiation. In the FHS, users of drug-psychoactive substances

who make inappropriate or abusive consumption were identified, with the support of Community Health Agents (CHA). The sampling was intentional non-probabilistic. The selection of the sample depends on the researcher's judgment. There is a deliberate choice of elements to compose the sample, and non-random selection mechanisms. Non-probabilistic sampling involves a series of sample selection methods where judgments are made as a result of reasonable or unreasonable reasons15. The inclusion criteria are: to make abusive or problematic use of some type of psychoactive substance / drug.

The instruments were the sociodemographic, clinical and consumption pattern, which were applied in the interview and marked by the researcher, however, it is noteworthy that in some cases all instruments were registered by the researcher, due to the lack of understanding by some users or for not having schooling. The sociodemographic, clinical and consumption pattern form was adapted to characterize the participants regarding the variables of sex, age, place of birth, self-reported skin color / race, religion, education, occupation, marital status, number of children, family income (in minimum wages), number of residents in the household and housing situation. In clinical aspects, the main diagnostic hypothesis and the presence of clinical or psychiatric comorbidities were investigated, as well as its relationship with drug use, to assess whether it was predecessor or subsequent to use. With regard to drug use, the age of first use was questioned, the drug of first use, the most used today (of choice) and the problem drug, the presence of a family history of drug use, as well as time in abstinence from these substances. The data were analyzed with descriptive statistics, in which the 11th Regional Health Coordination of the State of Ceará (CRES) has the objective of describing and synthesizing the data in order to allow a global view of the variation of these values [16], for this, used software R. As for the ethical aspects, this study integrates a larger research called: Mental health and the risk of suicide in drug users, with an approval opinion by the ethics committee nº 2,739,560.

RESULTS

Of the 141 study participants, 64.5% (n = 91) are male and 35.5% (n = 50) female, as shown in Table 1. Regarding the age group, there was a predominance for those over 60 years old (n = 33 ; 23.4%). Regarding race, 49.6% (n = 70) are brown. The prevalent religion among users was Catholic, with 56.7% (n = 80). The unemployment rate was 52.4% (n=74). Regarding marital status, users are predominantly single (n=84; 59.6%), Table 2 shows the clinical profile of users of psychoactive substances, of which 65% (n=46.1) had an F19 diagnosis (Mental and behavioral disorders due to the use of multiple drugs) according to the International Statistical Classification of Diseases and Problems Related to Health (ICD-10). As for clinical comorbidities, they were present in 34.0% (n=48), with the cardiovascular system being more affected (n = 15.6; 22%). With regard to psychiatric comorbidities, these were present in 12.8% (n = 18), so that depression represented a higher rate (n = 14; 9.9%). It was observed that the use of psychoactive substances is related to psychiatric comorbidities, in which 11.3% (n = 16) presented after the use of these. According to table 3 that analyzes the profile of PAS users, the age of first substance use prevailed between 13 and 19 years (n = 84; 59.6%), with tobacco derivatives as the substance of initial use (n = 95; 67.4%), which is also more used (n = 121; 85.8%) followed by alcoholic beverages (n = 88; 62.4%). Tobacco derivatives stood out as a problem substance (n = 82; 58.1%). With regard to family history of substance use, the positive percentage corresponding to users was 85.8% (n = 121).

Table 1- Distribution of characteristics of the socio-demographic profile of drug users, 11th Health Region, Ceará, 2019

Variables	N	%
1. Gender		
Male	91	64,5
Female	50	35,5
2. Age group (year) Average ±DP: 46,2 ± 17,9		
15 a 20	10	7,1
21 a 30	23	16,3
31 a 40	26	18,4
41 a 50	22	15,6
51 a 60	27	19,2
Over 60	33	23,4
3. City of residence		
Forquilha	30	21,3
Santa Quitéria	25	17,7
Coreaú	30	21,3
Cariré	21	14,9
Varjota	35	24,8
4. Race / Skin color		
White	39	27,7
Black	28	19,9
Brown	70	49,6
Others	4	2,8
5. Religion		
Without religion	39	27,7
Catholic	80	56,7
Evangelic	20	14,2
Others	2	1,4
6. Education		
No schooling	25	17,7
Up to complete elementary school	87	61,7
Greater than complete elementary school	29	20,6
7. Ocupation		
No occupation	74	52,4
With occupation	67	47,6
8. Civil Status		
No companion	84	59,6
With companion	57	40,4
9. Children		
0	41	29,1
1 a 3	62	44,0
4 a 6	23	16,3
7 a 12	15	10,6

Table 2- Distribution of clinical aspects of drug users, 11th Health Region, Ceará, 2019.

Variables	n	%
1. ICD-10*		
F10	22	15,6
F12	2	1,4
F14	1	0,7
F17	51	36,2
F19	65	46,1
2. Clinical comorbidities		
Present	**48**	**34,0**
Cardiovascular system	22	15,6
Endocrine system	14	9,9
Musculoskeletal system	11	7,8
Gastrointestinal system	7	5,0
Respiratory system	5	3,6
Nervous system	4	2,8
Others	3	2,1
Absent	93	66,0
3. Psychiatric comorbidities		
Present	**18**	**12,8**
Depression	14	9,9
Schizophrenia	4	2,8
Panic Syndrome	4	2,8
Others	4	2,8
Absent	123	87,2
4. Psychiatric comorbidity and substance use		
Before using substances	2	1,4
After using substances	16	11,3
No comorbidities	123	87,2

Table 3 - Presentation of the pattern of consumption of drug users, 11th Health Region, Ceará, 2019

Variables	n	%
1. Age of first use of the substances (years) Average ± SD: 14.9 ± 5.2		
7 a 12	43	30,5
13 a 19	84	59,6
20 a 40	14	9,9
2. First-use substance		
Tobacco derivatives	95	67,4
Alcoholic beverage	46	32,6
Marijuana	9	6,4
Others	5	3,5
3. Most used substances		
Tobacco derivatives	121	85,8
Alcoholic beverage	88	62,4
Cocaine / Crack	21	14,9
Marijuana	21	14,9
3. Problem susbstance		
Tobacco derivatives	82	58,1
Alcoholic beverage	55	39,0
Cocaine / Crack	9	6,4
Marijuana	8	5,7
4. Abstaining time (hour) Average ± SD: 134.1 ± 537.6		
0 a 6	93	65,9
7 a 48	22	15,6
49 a 480	20	14,2
481 a 3600	6	4,3
5. Family history of substance use		
Yes	**121**	**85,8**
No	16	11,4
Do not know	4	2,8

DISCUSSION

The use of PAS has high rates among men[17], which may be related to the association of leisure with the consumption of alcohol and other drugs among men[18]. The low rates for women can also be explained by their low adherence to health services due to the use of SPA, due to the stigmas and prejudices suffered[19]. Regarding the age group, this study was predominant for people over 60 years old, in contrast to other studies[20,18] in which they identified that most users were among young adults. As for race and education, a quantitative study carried out to characterize the profile of users with chemical dependency in the city of Floriano - Piauí, found that the sample is formed by a large majority of browns (65.8%) and has a prevalence of educational level with incomplete elementary education (50.0%), [21] as well as in the data obtained in this research. The association between low schooling and drug use may be related to the damage they can cause in social and occupational functioning, resulting in a decline in school performance and possible dropout.

Differently from the literature that points to religion as a protective factor in relation to high consumption of tobacco and alcohol, a factor that distances the individual from their consumption,[22] the present study corroborates with others that demonstrate the relationship between the presence of the Catholic religion and the consumption of SPA and greater risks of developing problems associated with these[23,24]. Regarding the work situation, the prevalence of unemployment has been evidenced in many studies that address the profile of this population, similar to that observed in a study[25] in which 34.7% of participants were unemployed. Although unemployment is inserted in the reality of the population in a structural way, people stigmatized by the consumption of PAS have abusive use as harmful to family, social and work relationships. In a quantitative survey, the users' marital status comprised 75% singles. This data refers to the difficulty experienced by people who make problematic drug use, which shows a greater risk of dependence on PAS, in addition to the damage caused in affective relationships, consequently having the potential to affect the treatment and maintenance of the care of these users. The association between the use of PAS and mood disorders is evidenced in research, being

highlighted in the data obtained anxiety and depression[27]. With this in mind, the study[28] conducted with drug users in Therapeutic Communities showed a significant relationship between tobacco use and worrying levels of depression, stress and anxiety, which is a factor that influences the decrease in quality of life.

That said, it is worth mentioning that the consumption of SPA predisposes to the development of clinical comorbidities, with emphasis on tobacco derivatives, which comprise a risk aspect mainly for diseases such as Diabetes Mellitus, pulmonary and cardiovascular diseases[29]. This corroborates with the study that 30.1% of drug users had some chronic disease, corresponding to the greater prevalence of systemic arterial hypertension[24]. With regard to psychiatric comorbidities, schizophrenia followed by depressive disorder was diagnosed in 35.2% of users of therapeutic centers in a study[26], demonstrating the interrelation with the consumption of psychoactive substances, also evidenced by another study conducted with elderly, which adds to anxiety, hallucinations, depressive disorders and psychotic delusions[27]. Regarding the first use of PAS, the study[30] reveals that the average age was 14.3 years, with the drug being used as tobacco, thus corroborating the findings of this research. Therefore, the daily consumption of alcoholic beverages and tobacco derivatives are related, since those who consume tobacco are predisposing to ingest alcohol, having the same relationship in the opposite way, from alcohol to tobacco[31]. Another factor related to smoking is the correlation with age, which according to a study has a proportionally inverse relationship, which the older the individual the greater the consumption of cigarettes[32]. It is worth mentioning the importance of paying attention to the consumption pattern and associated factors, since smoking behaviors can cause clinical and psychiatric comorbidities[33]. Studies[34, 35] demonstrate that the family context and history is configured as an influential aspect in the increase in the use of PAS by adolescents, which may result from the lack of parental supervision and consumption control, as well as deficient family conditions. Therefore, early exposure to these substances causes greater biopsychosocial damage.

Conclusion

When analyzing the clinical aspects, the pattern of consumption and associated diseases in drug users, the main results were presented as follows: 64.5% are male, and 50.3% then in the age group between 21 and 50 years old. 56.7% have a Catholic religion. Most presented the diagnosis F19 - mental and behavioral disorders due to the use of multiple psychoactive substances. 34% had clinical comorbidities and 12.8% psychiatric. 85.8% had a history of drug addiction in the family. . The results suggest an association between problematic drug use and the emergence of associated diseases / comorbidities, both clinical and psychiatric. The family history of members with problematic drug use can be an important element in planning family care, with a focus on promoting mental health. This study revealed the reality of users of psychoactive substances in the FHS municipalities of the 11th CRES, thus contributing to the planning of strategies that effectively assist in the care of the mental and physical health of these users in view of the knowledge of the clinical profile and pattern of consumption of these. As a limiting factor of this research, it is pointed out the difficulty in filling out information about comorbidities, due to the lack of knowledge of the diagnosis on the part of the users. Thus, the importance of knowledge of the profile of the drug user is emphasized in order to provide holistic and individual assistance. Making more studies significant, thus strengthening public policies that operate in the care model for drug addicts.

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