

# Public Policies with users of Alcohol and other Drugs in CAPS AD III in Gurupi-TO

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**Abstract**—This article is the result of a master's thesis and has a general objective to know the actions and care practices carried out by the psychosocial program CAPS AD III-Gurupi/TO, with the families of users of alcohol and other drugs. This research is qualitative, having as the methodology the qualitative analysis of Bardin. Data collection includes participant observation, the Continuous Cursive Record Reporting technique (RCCC) and specific interviews with the multi-professional team, users and user families included in the program. The observations were made in activities developed in the psychosocial program and in-home visits. Therefore, four home interviews with families, five interviews with users and six interviews with professionals of the program are presented here. Through the analysis of data and results, it was possible to identify the points that make working with families difficult. The research found in the work of the CAPS, greater emphasis on harm reduction and medicalization, little emphasis on social reintegration. Thus, it is concluded that the CAPS ADIII-Gurupi presents relevant aspects in the accomplishment of the work as the commitment of the multi-professional team, the adequate physical space and the professional qualification.

**Keywords**—Psychosocial care, CAPS AD III, Public policy, The Tocantins

## I. INTRODUCTION

This article is the result of a master's thesis and aims to work on the theme of families participating in activities and actions in the CAPS AD III (Psychosocial Assistance Center for Alcohol and Drugs III), whose members are users of this program, and verify if the actions carried out cover the needs of the family members and if the assistance policies contribute to the optimization of the service.

The methodological procedure used by this article consisted of participatory research, based on research participant observation. In this sense, Rocha (2004) [1] considers that there is in the participant research a political component that makes it possible to discuss the importance of the research process with a perspective on intervention in social reality.

Mann (1983) [2] describes participant observation as an attempt to place the observer and the observed on the

same side, making the observer a member of the group, in order to experience what they experience and work within their reference system. The initial goal would be to gain the trust of the group and to make individuals understand the importance of research. Thus, Serva and Júnior (1995) [3] say that participant observation is in a face-to-face relationship between observer and observed, whose data collection process takes place in the environment of the observed, and it happens to be seen not as an object of research, but as the subject of it. The instruments used were interviews with the participating subjects, participant observation and continuous cursive recording report (RRCC). The sample of the following research consisted of 04 families, 05 program users, 1 psychologist, 2 nurses, 2 social workers, 2 administrative assistants. The study was carried out in CAPS AD III, in the municipality of Gurupi / TO, located in Sector Pedroso, Rua F, at the corner of Rua G s / quadra PMG R-3. As it research with human beings, the project was authorized by CAPS AD III Gurupi-TO, the Research Ethics Committee (CEP) and the subjects who participated in the research, according to the signing of the Free Consent and Oil Term (TECLE). The selection of the participating families was made through the home visits and also the family members to the program with the psychologist and social worker, moments in which the approach to these families was made until reaching the desired quantitative of ten (10), being the selection on a first-come, first served basis and upon acceptance to participate in the research at the institution. However, the number of ten families was not suppressed because they did not participate in the meetings on the scheduled days and some did not volunteer. Thus, the total was four (04) families interviewed during home visits. Together with the psychologist of the program and after explaining the purpose of the same was asked if the family member wanted to collaborate with the research.

The users' families, Gurupi-TO CAPS AD III users who participated in the program from 2016 to the second half of 2018 were included in the research, and the multi-professional team, composed of the coordinator of the program, two nurses, two psychologists, two social workers, and two administrative assistants, voluntarily. Users who enrolled in the program and their families prior to 2015 did not participate in this study. Users, family

members or professionals who did not agree to their free participation in the survey were excluded, as well as those who were absent on the date of data collection. Regarding the professionals, those who did not show an interest in participating were excluded from the study, after an invitation from the researcher in charge.

The methodology of data analysis focused on the qualitative analysis and content analysis of Bardin (2011) [4] which consists of a set of procedures and techniques that aim to extract meaning from the text through a unit of analysis that can be keywords, specific terms, categories and / or themes, in order to identify the frequency that appears in the text, making it possible to make replicable and validated inferences.

Thus, three stages were performed: 1.Pre-analysis of the material: floating reading, choice of documents, formulation of hypotheses and preparation of the material; 2. Exploitation of the material: operations of codification, through semantic cuts, and elaboration of recording and context units. The unit of record is realized from the themes that constitute nuclei of meaning and also by object or referent that corresponds "to the themes-axis, around which, the discourse is organized" Bardin (2011).

The context unit refers to "unit of understanding to encode the recording unit" Bardin (2011). For its formation, the enumeration rule is used that consists of the calculation of the frequency (presence and absence) of the units of registry 3. Treatment of the results: through the semantic organization, establishing categories, through the process of collection, that constitutes in the classification of the elements, [4] .

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The interpretation was based on the theoretical reference of the area. The appropriateness of the categories was checked according to the following criteria: mutual exclusion (elements in only one category), homogeneity (single organization principle), relevance (belonging to the defined theoretical framework), objectivity and fidelity which compose a category) and productivity (index of new data), [4].

## II. MATERIALS AND METHODS

### Analysis of data and results

The participant observation technique made possible a personal contact of the researcher with the researched phenomenon, which evidenced a series of significant results such as the subjects' behavior, language, cognitive behaviors, life perspectives, coexistence with other individuals in the same situation, restlessness. In addition, it allowed the subjects to infer the needs of care, in what implies the users of alcohol and other drugs, and their relatives.

The description of the observation allowed defining the subjects in their behaviors, in the specific activities as the dialogues and weaving annotations of reflective form. This process facilitates for those who search, intuiting in the understanding of the phenomena from the detail of the observation in CAPS AD III of Gurupi-TO. It was then observed the dynamics of operation and group activities always with the focus on the relatives of the users. Thus, to organize the observations, the RRCC was used, where the important details observed were described in order not to lose important information.

In the field diary, all observations and impressions were recorded on the observed subjects. For Minayo (2001) [5] the field diary is an instrument that has information on informal conversations, behaviors, expressions, besides the impressions of those who observe the phenomenon. In order to get the job done, the first

contact with the field was made in 2016, at the old CAPS ADIII - Gurupi-TO facility located on Av. Amazonas, where he was interviewed by the institution's psychologist about the project, master's degree and the inclination to carry out research in the psychosocial program.

In conversation, it was reported by the psychologist of CAPS AD III - Gurupi-TO, the difficulties of working with the families of the users, and that, a job in this area, would help in the difficulties of the field. Subsequently, the proposal was submitted to the coordinator of the program, which provided the venue for the work. This led to bibliographical research for the preparation of the first draft of what would be the design and construction of the history of CAPS AD III of Gurupi-TO.

The project went through a second reformulation where the imperfections were corrected until a standard for submission to the CEP was reached. Initially indirect and freer observations were made, to the knowledge of the program team, establishing trust, informally visiting the program. After the acceptance of the CEP in October 2018, and with the authorized research project, the work had a more directive and formal character, and soon the researcher began to talk and establish greater contact with the users and family members inserted in the program.

From this, the meetings had a participatory profile, and the researcher inserted herself as part of the groups where she interacted with the participants and when a family member visited the program there were informal conversations in search of impressions that helped in the construction of the ideas.

On October 9, 2018, the CEP issued an opinion favorable to the execution of the research, and soon after the interviews began, on October 11, 2018, to collect the data and to link information to what had already been collected from the direct observations and participants.

The interviews were structured with the focus on what was intended to investigate the activities and actions carried out with families. After being collected, the interviews were transcribed verbatim, to guarantee the fidelity of the information. These were not previously scheduled but performed on a first-come, first served basis. Only with the multi-professional team can be made in the professional service rooms.

The work presented some obstacles such as time for the collection of data from the interview, the evasion of the families, which caused some households and compromised the desired number of samples, and of ten (10) families, only four (04) participated, many did not want to have to respond to an interview.

After the interview, the transcripts of the speeches and categorization of the data were analyzed.

#### **From the multi-professional team**

At the time of data collection CAPS AD III of Gurupi had about nine (09) professionals in the team. For the

purpose of this study were included all the professionals who agreed to participate in the research, by signing the Term of Free Consent and Acceptance. As an inclusion criterion for professionals working in the program at the time of data collection, an employment relationship was required, that is, not being an intern.

#### **Of the users of CAPS AD III Gurupi**

Of the existing users in the program, twelve (12) inmates and twenty-one (21) outpatients are currently assisted on a 21-hour and twelve-hour hospital stay basis. For this research interview was made with 05 users, all of them volunteers, who explained the reason for the research, and its importance. Two out of ten (10) volunteered without the researcher's initial approach, seven

(07) volunteered to participate in the research, following the researcher's initial approach. The interviews took place in the CAPS ADIII coexistence space, during the users' relaxation time. All were collaborative in answering the questions, there being no hesitation or resistance in the answers.

#### **From the CAPS AD III family of users - Gurupi-TO**

In relation to the families of the users, those included in the program were included and were older than eighteen years, with communication conditions, presenting no mental impairment or with any comorbidity. Four (04) families participated and the collection could not be made on a first-come, first served basis due to the evasion of families from the activities that were held on Wednesdays and Thursdays. Therefore, the researcher in question, together with the Social Worker (A1) and the psychologist, went to the families' house to collect the data. They did the interview only after the signing of the Free Consent and Acceptance Term.

Through visiting families, it was possible to get in touch with the local reality, seeing the difficulties and poverty to which they are inserted. There are many difficulties in both subsistence and health issues. All the families visited have their residences in the outskirts of the city of Gurupi, where the sectors are controlled by the drug factions (PCC and Comando Vermelho).

The lack of being assisted and the need to talk about the problem are present in all the families that have been visited, some have not lost hope, others are hopeless and very fragile.

#### **From the physical space of CAPS AD III – Gurupi-TO**

Regarding the new physical space, during the visit to the premises, it was reported by the social worker (A1), which is very well distributed and organized, which facilitates the team's work with the clinic's inmates, and the attendances each occur in his room, there being no disorder. The new facility is located in the sector Pedroso,

street F, corner with street G s / block PMGR-3. The social worker (A1) reported that there are currently 12 internal users, but that registered and active are approximately 21 users (internal and external). It was also reported in conversation that the assembly with users occurs once a week, activities with families twice a week, which at the moment is marked, but families do not attend. The meeting with the multi-professional team takes place once a week and the medical visit twice.

It should be noted that after the data collection, the method of qualitative analysis of Bardin (2011) [4] was used. According to the author, this method allows the extraction of meaning from the text through the unit of analysis that can be categories or themes, in order to identify the frequency with which they appear in the text, one has the possibility of making inferences about the speeches of the subjects.

Ordinance No. 2,841 / 2010 [6] regulates the technical team that should compose the operating system. In this sense, it can be seen that the CAPS AD III of Gurupi works with a number of professionals adequate to comply with the legislation. According to the report of the individuals who make up the multi-professional team, there is a commitment in the work of the team, which perceives the importance of the service, the need for professional engagement, but it is little recognized in the community and social context regarding the service provided. Thus data found in the IBGE census (2010) [7] point out that psychosocial programs, in order to be effective, must act with the councils and favor social and community functioning, ie to include local society more in public policy planning. For Silva and Abrahão (2016) [8], the repercussions of policies happen mostly in devices such as harm reduction teams, in specialized psychosocial care centers.

Thus, it can be seen in the report of the professional team that the lived experience causes anguish in the execution of the work. During the research the difficulty of operationalizing the service was observed, due to the bureaucratic obstacles of the system, since this speech is confirmed in the discourse of the subject interviewed: "Mental health networks sometimes run into the barriers of bureaucracy, which makes it difficult to achievement of certain collective and individual goals "(B, 37 years old).

Another important speech on the subject was: "The lack of instruments of work in the execution of the actions hinders the work" (A1, 27 years). This shows the fragility of the continuity of the system.

As it was seen that the service is geared towards harm reduction, actions such as prevention and promotion of alcohol and other drugs are on a secondary level, a fact that sometimes discourages the team because they do not know how to develop some actions, especially with families and the community.

On the positive and negative aspects of the work, it is noticed that there are divergences in opinions, but it is clear that bureaucracy and lack of operational resources are obstacles for professionals. It is necessary to emphasize a question concerning the profile of the professionals, who are young people with little time of action in the social service, and consequently they are in the process of institutional experience, fact that leads to a little communication in team and still turned to the normative questions and functioning of the CAPS AD III Gurupi-TO, not even realizing the humanization issue of the service. This could be detected in the assembly held with the users, where the conversations tended more on the rules and norms in force in the program and not on the situation or subjectivity of the user and his family.

Thus, Ramos and Brito (2015) [9] consider that there is a need for dialogue between health care professionals, staff and user, and their families. It indicates a fragility of the program towards the professional qualification, to recycle the team better, but this does not happen.

This shows that there is an investment in structure, palliative care, and harm reduction, aimed specifically at users. Thus, Silva and Abrahão (2016) [8] point out that the "care production devices of care programs should develop therapeutic projects that meet the demand of society in a preventive way." But these practices would only be possible by qualifying the professional to carry out the activities.

During the interview, it was noticed the difficulty of users to answer the questions due to existing cognitive disorders and to the comorbidity already caused by the disease (alcohol and other drug use). Even so, everyone was very collaborative. In some question, the answers were deficient due to the short time patients stay in the hospital, from one week to 45 days. When the user has more time in the house, it is around three months.

It was noted during the interview that the subjects are individuals who have difficulty in establishing a connection of their reality, it is also clear that being in that place means having support in which to be attended to and treated within the current needs and care. In this sense, public policy programs focused on situations of alcohol and other drugs have a relevant role for individuals at risk.

Regarding the social aspects and activities in groups, it is said to be fragile in the service, given that it is precisely possible to execute these actions. During the visits to the program and observation of the time of the activities, users stay idle, are distracted watching television or play cards with colleagues, and also some sleep on the benches of the living room and reception, many seek the smokehouse where they make it a living room and chat room.

It is understood that psychosocial programs should take into account the user's need not only in the harm reduction criterion, but also seek various mechanisms of



activities and actions that work together with the user's social life as a form of rehabilitation. The need for communication and leisure becomes evident, users seek a moment of relaxation in the time they are inside the institution.

It was verified that when talking about the family the difficulties on the part of the users are many, little communication with the familiar system is perceived. Even when the researcher tries another approach to better research on the family system the user has difficulty keeping short and vague answers.

The impression one can have about this situation is that the subject is given to neglect and abandonment in the care networks, often by their relatives. The person who does not fit within a socially oriented pattern ends up being inferior and stigmatized.

For Goffman (2004) [10], individuals with stigmas are marked by physical and psychological particularities, because socially these people are considered as different and inferior in relation to the majority of people, being exposed to daily struggles. Thus there was a questioning of the researcher with some professionals (psychologist and social worker), they reported that families do not want to commit to the problem leaving their members at the mercy of the program. In this sense, the answers found with the team reinforced that there was an evasion of the families. In this question, there was a complexity in the answers,

setting up contradictions between the user's and the professionals' speeches.

According to Duarte (2015) [11], the needs of family care should be investigated and an emotional climate for health should be enhanced in which reciprocity and cooperation result in co-responsibility in the acts, since there is bonding and trust and complicity, since the practice of care extends to the family system.

Thus, the need to work with the family in a welcoming way in psychosocial programs begins to be clear through the research, through specific care demands, understanding the particularities of each one.

Duarte (2015) [11] considers that welcoming and bonding with the family are procedures that should be used in the space of production to health. The team, despite developing active listening, welcoming and informing family members, reports that the families are not very involved in the service, they do not participate in the activities and meetings, they only want the hospitalization of their members, as if it were to solve the situation.

When the interviews and home observations were made with families, the difficulties they face in various aspects from the point of subsistence, chronic diseases, as well as social and shelter difficulties were evident. It was noticed that knowledge about the psychosocial service was through public health agencies that the family sought for

first making resources for its drug users members. In this sense, the lack of information becomes a relevant factor. It is noted that the community has little knowledge of what the CAPS AD III program is. During interviews, it is evident in the speech of families that incarceration, ie, leaving the user closed will help to stay drug-free. This fact is present in the mothers' statements when they report that the Gurupi CAPS AD III dependencies should be closed to be safer and the user would not have contact with the external environment. Thus, an anti-drug ideology is perceived in a repressive and punitive way, in which there is no space for the user in society, being condemned by the family itself to live far from social coexistence. A point that hinders the work of reinsertion of the user in society. Silva and Abrahão (2016) [8] found that "the repercussions of policies happen mostly in devices such as harm reduction teams, centers of specialized psychosocial care." The family remains needy in terms of help, put the issue of safety and control as a positive way of dealing with the situation since if users were closed, they would be free of drugs and treatment would be better. This is evidenced in the speech of mothers who keep their children under treatment in the CAPS observed: "More security, protecting to stay in here not to go outside, should have a grid to prevent them from passing out" (Mother, Family 01). "When they are in there the time they want to get out they have to have a more severe order, constant control" (Mother, Family 03).

The families interviewed are in a situation of social vulnerability and in the poverty line, so all the help these families can have becomes of great value. De Michelli and Formigoni (2002) [9, 12] present that the contemporary challenges increased the level of intrafamily stress, directly affecting family ties and causing family members because they could not deal with family problems consciously, began to do use of psychoactive substances. The authors present that, at the present time, families face challenges such as urban violence, unemployment, STDs, changes in the ecosystem and the use and abuse of psychotropic drugs, among other factors.

Thus it is noticed that the team assists the families and provides a welcoming service, a fact that was also verified in the domiciliary visits in the days of active searches. It is clear that even being a very new team and with little experience in the service of CAPS AD III, keeps a look at the family complexity and the risk situation that they experience.

With respect to data analysis, a point that appears in Arriagada's (2007) [13] and Medeiros (2000) [14] discourse on the role of women in the family system and its social representation, in which many are family members, maintain family economic subsistence, as well as education and affective aspects. This point becomes noticeable in the research on home visits and interviews

conducted. It can be seen that they are all women and mothers, and maintain the role of family support, take care of children, grandchildren, and families as sons-in-law and daughters-in-law. In this respect, the emotional aspect is left in the background in the family system, as there are more emergent issues to take care of.

As an impression of the researcher on this aspect, these women remain exhausted in solving problems and conflicts in the family environment, where all the help is necessary since the emotional aspect seems weakened.

The home visit and interview with the mother of the 02 families identify this issue well when in her report she says that "the whole family is a crack user, there are four with her son-in-law." "I am a widow, my husband died of an accident, I am hypertensive patient, diabetes, I take care of the grandchildren, money is just my retirement and today I am not well."

Another story that exposes this reality is the mother of the family 04: "It's just me and him, I work and earn a minimum wage, everything is with me".

According to the data presented in the analysis of the research, it is noted that the problem of alcohol and drugs for the individual and for the family system is related to the context of the life of each one. Also by a historical, cultural, social and economic construction, fact that in the context of the drugs one can not detach these aspects.

In this sense, Werner (2004) [15] considers the man as a subject that essentially is constituted by social relations, its social conditions, and its historical determinants. It emphasizes that man is a dialectical being and part of the assumption that this interaction is mediated by its importance in the social group.

From the observations and interventions carried out in CAPS AD III in Gurupi, this question of the social context of the user provides the entrance and dependence of drug use, since basically all the subjects surveyed come from a precarious social system, with a very large index of marginality, families with a weak social, economic and financial structure, dependent on the governmental aid of social programs, factors that collaborate with the iniquity of the subject, leading to total self-neglect, subordinated to physical and mental illness.

In the study carried out with the four families, the issue of inequality is visible where there are problems of low income, little schooling, without much assistance, financial resources and unemployment. Social determinants that lead to the entry into the world of drugs, marginalized, and criminal factions, as Comini studies (2016) [16] point out, social conditions such as low schooling, social exclusion restrict options and strengthen vulnerabilities.

The narrowing of contact with users through participant surveys, informal conversation, and the

interview pointed out that the present idea is to get out of addiction, have no inclination for the future and also do not know what they will do when they finish treatment and is charged. It presupposes that the consciousness is submerged in front of the facts and the reality, one lives the day-to-day, in perspective of remote future. When talking or commenting on drug addiction, the looks became passive and distant, the caution in saying something was always present in the conversations.

Goffman (2004) says that stigma inhibits personal growth and stigmatized people are viewed as inferior and different from others and their lives become a constant struggle.

When it comes to the struggle of users and families against the dread of drugs, these individuals forget that they are capable of seeking a significant change in themselves, but the difficulty of perceiving themselves capable makes them fragile, and they are waiting for greater care promoted by the health team, which is seen by them as professionals holding a knowledge for the supposed "cure" to be granted.

On the other hand, as a strengthening source, the multi-professional team of the psychosocial program is presented, qualified but deficient in qualification to attend a clientele so complex that it is the family and the user. These professionals, at certain moments, feel powerless in the face of the difficulties encountered with the demand to be treated.

It is understood that the family in our society is heterogeneous, mutant and complex. In order to work for the family the professional needs to understand this transformation and complexity in the family system. Arriagada (2007) [13] points out that there is a great variety of family arrangements, but these large variations will show that they are important in the perceptions of the family members and their effective connections. This speech of the author shows the evidence in the participation of the field activities with the relatives, since it was seen that the family when it presents an effective emotional structure with its members and is present in the assistance to the fuser member, there is adherence of this to the treatment, that makes it more intense, even with the difficulties of getting rid of addiction. "... the family has to help if abandoning gets worse, the family's help is important" (Mother, family 03).

When it comes to families in the context of poverty, the analogy that is made is directly linked to social inequalities, economic and institutional factors. Social Indicators demonstrated by the IBGE (2017) [17] proved that Brazil is one of the countries with the highest index of social inequality, mainly income.

Comini (2016) in speaking about institutional factors points out that impunity and corruption in high-ranking decision-making positions have an effect on the

enforcement of laws. Still, in this sense, the author states that there are children and adolescents who suffer due to the vulnerability and marginalization of their relatives, many of whom are used by criminals, some of whom have their parents in prison for trafficking and others have lost their families orphaned.

Thus, society faces a problem that is no longer seen in only large centers, since criminal factions also take care of small towns and drug-trafficking settlements, where communities of peripheral regions of the city live in sectors that are taken by groups that the region. Reality is lived by the families and youth of Gurupi, which can be confirmed in the reports of the subjects interviewed and in the visits in peripheral regions of the municipality. Consequently, very early on, children and adolescents come into contact with such groups, causing many of them to become soldiers of trafficking as a way of subsistence, where some who do not get meaningful help end up prematurely losing their lives or death by rival factions.

The issue of drugs and culture has always been related, says Comini (2016) [16] narco-culture where symbolic elements such as honor, protection, loyalty, status, prestige, revenge, and consumption are present in the life of the individual and of society.

The drug pathway is not only related to consumption but it also can not qualify or disqualify the user. In contact with the users of the CAPS III AD of Gurupi, it was evident that the people who are there have a history, some still have their families, others have lost because of the addiction and there are those who are without any contact with the family system, at first they are people and each in their own way seek an improvement attempt.

An important study by Velho (2000) [18] on the issue of low-income families, says that in the Brazilian context the demographic exploitation of urban populations as a result of rural exodus and processes of social segregation is the basis of low-income groups, with basic demands of health, housing, education, and work, where they end up exposed to abuses and also causing them. This fact is perceived in the inhabitants of peripheral regions of low income.

Regarding the State of family well-being, Medeiros (2009) [14] raises three important points. The first is that both family and state fill a market space in the capitalist economy, so they play an important role in the systemic development chain since they normalize the individual's life through property rights, duties, power, and social assistance. The second point described by Medeiros (2009) [14] relates to the "Welfare State", this affects the organization and structure of the family as the changes of values and the redivision of social work, expressing repercussions on the family hierarchies. The third and last point refers to the well-being of families, who must be stable and well organized.

Of the families surveyed the welfare issue is practically non-existent, since they have the minimum, and this must be multiplied so that the needs of its members are satisfied. The order of welfare is not established in these families by several factors: first that there is an imbalance in the homeostasis of the family system, according to which the subsistence conditions are minimal and precarious, third that the level of formal education is low (part of the families are half-illiterate), the fourth point, there is no division of labor and help.

Thus, in the case of these families, there is helplessness in relation to the model in the Welfare State. The economic crisis, the difficulty of a better insertion in the labor market and the low level of education, are factors that trigger instability in the welfare state. The woman is not only the one who takes care of the children and the house but becomes the one who often maintains the house, life becomes sedentary and there is a considerable change in food and maintenance of health. Of the families visited are practically the women who maintain the family's support and sometimes the cigarette, the drink, the medicine, and clothes. They are also the ones that keep the users' children enrolled in the program, hoping for an improvement and harmony in the family environment.

Regarding the Psychosocial Programs and Public Policies, it was verified in the field study the difficulty of maintaining the attention networks and the adherence of support networks. It is noticed that at the moment the CAPS AD III Gurupi walks alone and that there is an understanding between the roles of CAPS since in Gurupi there are CAPS I and CAPS AD III. What is reported is that when it comes to the clientele to be served, it is often confused the clientele that would have to be served by CAPS I and goes to CAPS AD III. With this, there is a need for a brief clarification on mental illness, alcohol, and drugs. CAPS I was designed for the treatment of individuals with mental disorders.

Regarding observations and conversations with users, there is evidence of cognitive ability is affected. Of the five (05) users only one (01) did not present the disorder. The four users who appear to have a picture of the cognitive capacity affected, it is possible to attribute this to the abusive use of drugs in a long time.

Individuals in the clinic who have specific clinical cases of schizophrenia and acute mental retardation, who should be treated by CAPS I, but who are in the CAPS AD III, were also perceived. In a conversation with the professional of the team was questioned this situation and the same answered that in a meeting with the professionals of the CAPS I, due to the patient make use of drugs, he would be treated in CAPS AD III.

In this sense, there is a need for a case study and communication with the teams to analyze the best way to deal with these issues, which can be a challenge in terms

of program progress.

An observed and verified condition in visits to the institution is that the main focus is on medicalization and harm reduction. This point was noticed in the speech of the users and also of a professional, in which they report that there is a great wait for the day of the consultation in which the discharge or permanence in the program is determined.

According to the research, the work with support networks and greater proximity to the community remains loose in the activities of CAPS AD III Gurupi. One can have an answer to this fragility the aspects already raised regarding the team, which has very young professionals with little experience in the area, without a specific specialization to deal with mental health, psychoactive drugs and the complexity of the family system.

In order for Gurupi's response to CAPS AD III to be positive and to develop activities and actions, the program must reach out to the communities, seek to clarify what the program is, to visualize the work developed, to participate in the activities and actions of the municipal councils, make frequent home visits, not only on days of active searches. To create conditions for users and families to meet, since it was notorious, in view of the observations made, the distancing of families and their members, regarding affective aspects.

Thus, to speak of policies in this respect constitutes a stage in which the democratic governments in the idea of Souza (2006) translate their intentions so that they have a change in the daily life and the life of the citizen.

### III. CONCLUSION

This article had as objective to know the activities and actions carried out in the CAPS AD III of Gurupi-TO with the families of the users. Qualitative research was carried out. Participant observation and interview with users, staff, and families have applied a methodology.

The research development process was carried out through the observations, the participation of the activities carried out, home visits and interviews, taking into consideration the positive and negative factors, as well as the issues of vulnerability presented. As positive factors can be perceived the physical structure that presents itself as broad, cozy, with capacity to accommodate users and families, appropriate space for the team to develop a good job within what is allowed.

As far as the multidisciplinary team is concerned, it can be recognized that the work of the team is carried out with seriousness and that all professionals define their roles well and execute them in the program. Regarding the service to the family and to the user of the system, a good performance of the team was also evidenced in relation to what is recommended in the ordinance No. 2 841, dated September 20, 2010.

The negative points are cataloged in the vision of the multi-professional team, in the issue of system bureaucratization, communication difficulty in the scope of actions to be developed, lack of qualification in the area of mental health, which is considered important for the accomplishment of the work. For the users of the program, the negative factors are in the fragility of the physical structure, in the attendance of the reception and in the medical attention. Often due to the demand, users of the 12-hour regime are left unattended, with the 21-hour regime being prioritized. The family highlights the issue of lack of security in the physical structure and the freedom with which users stay when they are in the CAPS AD III Gurupi, in the view of these people there should be more control, space would need to be closed with grids.

In the analytical category of the family, according to the interpretation of the researcher, there is the care with the family, through active listening, orientation, information and the accomplishment of activities twice a week and more home visits.

With regard to public policies, many challenges at the national level are to be addressed. One of the important points would be the de-bureaucratization of the system, so that the projects carried out by the technical professionals are approved and executed, and that the planning, execution and evaluation organs of the program's dialogue with each other with the objective of improving and improving the community/society.

The community and social benefits would be the implementation and optimization of the services and actions pertinent to

the psychosocial system, available to families, user's members, and multidisciplinary team. Depending on the activities carried out in the CAPS ADIII, intervention actions are proposed, together with other assistance programs existing in the municipality, in this case the NASF (Social Support to the Family), as work in the form of support networks in Primary Care constituting the search Prevention and Promotion of Health in the Family System.

The research contributed in a significant and effective way in order to have more favorable conditions in the development of activities and actions with families so that they understand their importance in the process of rehabilitation of the user family member.

There are many challenges, but optimism is needed in building improvements in public policy. The participation of social actors is necessary for the whole process since this process is understood as dialectical.

With regard to the public policy work cycle, it was verified that the execution and evaluation part of the work in the program remains deficient, due to the vulnerability presented and the evaluation that does not occur, in order to remedy the deficiencies. But the relevance of the program lies in serving the poor communities and society



as a whole, as it becomes the only means that families can receive, helping their members at risk and need for protection.

Thus, the program needs to be more widely disseminated in society in general, so that there is a perception of the relevant work for communities that are at risk with their users who are ill with alcohol and other drugs. As a humanitarian process it is observed that the community/society does not use stereotypes like "drugged", "pothead", "pinguço" or "vagabundo" and to see these individuals as beings capable of a transformation. This fact was experienced by the researcher when in the interview with users who were volunteers, in which they reported that the day of the services was very good. There for, one should have a non-stigmatized look, both for the user and for his family.

### REFERENCES

- [1] ROCHA EERB; (2018). Participant Research and its Outcomes - Experiences in Popular Organizations. Proceedings of the 2nd Brazilian Congress of University Extension. Belo Horizonte, September 12 to 15, 2004. Available. on: 09. .
- [2] MANN PH; (1983). Methods of sociological investigation. Rio de Janeiro. Zahar.
- [3] (1995). Observation participant research in administration: an anthropological stance. vol. 35. Adm. Company, São Paulo.
- [4] BARDIN L. Paulo S, editor. Content analysis).
- [5] MINAYO MCSO; (2001). Social Research: Theory, method and creativity. Petrópolis: RJ: Vozes.
- [6] L BRASI; (2010). Portaria nº.
- [7] Census D; (2010). Characteristics of the population and households, result of the universe. Rio de Janeiro.
- [8] SILVA MAB, ABRAHÃO AL; (2016). Public Policies for Comprehensive Health Care for Alcohol and Drug Users. In: Mental Health in Brazil: literature review, Diversitates: Intenacional Journal, Niterói / RJ, v. vol. 8. p. 03–19.
- [9] The compulsory psychiatric hospitalization of a family member used as a protective medication for the elderly. Revista USP; (2015).
- [10] GOFFMAN E. Sabotage ML, editor. Stigma: Notes on the manipulation of the Deteriorated Identity, trans; (2004).
- [11] (2015). Evaluation of crack users on family groups in the Center for Psychosocial Care. Cogitare Enfermagem. 20(1):81–88.
- [12] (2002). Are reasons for the first use of drugs and family predictor predictors of future use patterns? Addictive Behaviors. 27(1):87–100.
- [13] ARRIAGADA I. Changes and Inequality in Latin American Families; (2007). Available from: <https://repositorio.cepal.org/bitstream/>.
- [14] MEDEIROS M. The importance of getting to know families better for the elaboration of social policies in Latin America. Planning and Public Policy; (2000).
- [15] WERNER J. (2016). The subject-drug relationship in the historical-cultural perspective: preventive and therapeutic approaches. Revista de Educação do. COGEIME. 13(25):77–88.
- [16] COMINI N. Open Democracy. The multidimensional nature of the drug problem in Latin America; (2016). Available from: <https://www.opendemocracy.net/>.
- [17] Census D; (2010). Characteristics of the population and households, result of the universe. Rio de Janeiro.
- [18] VELHO GI. Anonimato e Violência na Metrópole. Horizontes antropológicos; (2000). Disponível em: <http://www.scielo.br/pdf/ha>.