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

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INTRODUCTION

Drug 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.(1-2)

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(3). Thus, social exclusion is understood as a discontinuity between the fields of power, whether in the economy, politics or society, which establishes subordinate relationships between people, groups and communities(4).

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(3-4). 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(2-5).

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(2,3,5).

In order to cover this analysis, the question arose: What are the aspects of social exclusion 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(7). To elaborate the methodological path, the PICO strategy was used(8), 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 descriptive or qualitative study; level 7, arising from the opinion of authorities and/or the report of expert committees.

For step four, the IRAMUTEQ® 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. 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).
The articles that make up this review were published in 12 different journals, seven of which were specific for drug addiction, two for nursing, two for psychology, two for mental health and two in other areas (ethics and medical). As for the language, three were in Portuguese and 11 in English.

Among the studies, eight were qualitative, of these four used some software to assist in organizing the data, five quantitative and one mixed (quantitative-qualitative). Among the works, 11 were classified with level of evidence VI, two as level of evidence II and a level of evidence IV. The theoretical methodological references adopted in the research were: analysis proposed by Wendt and Crepaldi, history of oral life proposed by Daniel Bertaux, analysis based on the data, interpretative phenomenology and critical approach.

The works explain the perceptions of drug addicts and their families, especially regarding stigma and discrimination, comprehensive and articulated attention to mental health, family relationships, help devices, such as educational programs and support groups. The following figure shows the Word Cloud produced from the main results of the works that contemplate this review, highlighting the following words: user, drug, stigma, family, health, care, use, social, treatment and discrimination.

From these words, the following classes were built: Relations permeated by stigma and distrust and Strategies that contribute to the reduction of discrimination and stigma, which will be discussed below.

**DISCUSSION**

As in other stigmatizing diseases, mental disorders, especially about drug addiction, are surrounded by issues that transcend individual barriers and affect the closest people. Stigmatization was mentioned by drug addicts and their families as the biggest concern and the main barrier to seeking treatment. In this sense, prejudice and stigma are similar social processes that can result in discrimination, stereotypes and social rejection. This is due to the fact that mental disorders are interspersed with stereotypes, but it is the people involved with drug addiction who suffer most from such processes(1,5,11-14).

As for drug addicts, it was found that many show fears of exposing facts about their condition due to stigma, distrust and hypervigilance, such as in suicide attempts. Relatives, on the other hand, omit dependency so that they are not rejected, subjected to inferiority or held responsible for the dependence of their loved ones(11,15-16).

Summing up it is detected that stigma and prejudice are also practiced by health professionals, reports of disrespect, judgment of value, neglect of symptoms were found, or they adopt punitive behaviors, for blaming the user and his family for the problem. Thus, the attitude of professionals negatively affects the diagnosis, treatment and rehabilitation of drug users(11).

Prejudice and stigma regarding users, and their families, accentuate people’s vulnerability. From this perspective, it is the impoverished populations that experience the problems associated with the drug consumption context most intensely, such as violence and trafficking(17). The precarious social assistance and the difficulty in accessing public services favor the breaking of ties between people and society. Thus, the breakdown of social unity or its weakening, causes the cycle of exclusion of groups to perpetuate(1,16,18).

Poverty faces contemporary social issues, which, by concept, are defined by the absence of elements of an economic, social, cultural, political and environmental nature(18). Such issues culminate in the full state of inequalities, called social exclusion. Characterized by the cumulative and multidimensional process that separates and inferiorizes people, groups, communities and territories(4,12,15). Social exclusion coexists in several types of social phenomena, such as unemployment, marginality, prejudice and pauperism(17-18).

It is known that drug dependent people are marginalized and more vulnerable to exclusion processes. Thus,
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\(^{4,19}\).

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\(^{3}\).

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\(^{5,12,19}\).

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\(^{20}\).

The Ministry of Health reconsiders 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 reintegration into the community, valuing small achievements and focusing on harm reduction\(^{3}\).

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\(^{6,16}\). 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. 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\(^{3,5,21}\).

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\(^{6}\).

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\(^1,20,22\). 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, in order to overcome such misconceptions and increase confidence in health services\(^{16,23}\).

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\(^{6,13,24-25}\).

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 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-depreciation 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.