Care Intersectorality of children and adolescents who use psychoactive substances

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Abstract: The objective was to understand the intersectoral conception among the psychosocial attention network and the attention and social protection network in Cascavel, Paraná, Brazil, in order to care children and adolescents who use psychoactive substances. Qualitative research with the application of semi-structured recorded interviews, to workers who care young drug users making up the services networks. Data analysis was based on the discourse analysis framework. The results were presented in the category “intersectoriality understanding by the different actors”, demonstrating it is represented in actions that are not developed in isolation. They are joint actions, but also express movement, rupture of the walls from isolated knowledge areas. Thus, understanding the intersectoriality perception in daily life helps us to think of strategies to cope with existing barriers in the attention networks, proposing actions that can improve the individuals flux inside these systems for the care integrality.

Keywords: Social support, Children and adolescents, Rehabilitation, Intersectoral action.

Introduction

This short paper addresses the interdisciplinary theme in health actions directed to drugs, mental health and youth protection. The subject of drugs is quite complex and its consumption has always been present in diverse human cultures, going through different forms of use, handling and function. It is currently inserted in the daily life of a large part of the world population and has innumerable meanings, among them the search for pleasure, immediate relief and source of income (Silva, 2011).

Related to the young people, epidemiological studies show the initiation of the use of these substances earlier and earlier, in the transition from childhood to adolescence, which can lead to inestimable damages for this population (Araújo, Marcon, Silva & Oliveira, 2012). The National Survey of primary and secondary school students conducted in Brazil, in 2010, indicates that the average age of first use is 13 years old for alcohol and 14 and 15 years old for other kinds of drugs (VI Survey, 2010).

Albuquerque, Azevedo & Nóbrega (2016) point out that the problem of drugs, given its complexity, cannot be translated in a fragmented and simplistic way, requiring equally complex actions, in an integral and intersectoral perspective. However, basic public policies such as education, social assistance, health, housing, culture, leisure and work are organized in a sectoral way, and as a consequence each area defining its own network of services and institutions.

Costa, Mota, Paiva & Ronzani (2015), studied the drug use theme in health policies and characterized fragmented practices. This way, they noticed the absence of dialogue/interaction among actors and sectors that make up the health network, polarizations between outpatient and hospital services, as well as lack of communication among the different points of attention.

Pereira (2014, p.23) problematizes the term intersectoriality as endowed by several meanings, being a polysemic concept. However, he points out that the term has been considered as “a new logic of management that transcends a single sector of social policy, and/or a strategic articulation policy among diverse and specialized social sectors”. It can also be understood as a "shared social practice
that requires research, planning, and evaluation for joint action”.

In order to put this understanding into practice, Brazilian municipalities seek intersectoral forms of organization and management of public services, all of them aimed at vulnerable groups of the population, to overcome sectoral fragmentation (Barroso, 2016).

Since 2010, in the municipality of Cascavel, Paraná, Brazil, the Attention and Social Protection Network has been composed of professionals from governmental and nongovernmental entities linked to the various public policies. Their assumption is the construction of an intersectoral network through the understanding of the organizational processes of social equipment. Considering to increase the communication and articulation among services, for the most adequate referrals to social needs (Cascavel, 2017).

Thus, this short paper aims to understand the intersectoral conception among the psychosocial attention network and the attention and social protection network in Cascavel, Paraná, Brazil, in order to care children and adolescents who use psychoactive substances.

Methodology

The process of intersectoral experience construction in Cascavel results from a complex, social, provisional and historical human work. Therefore, this process should be understood from its social totality and as a historical construction. In this way, among the currents of thought, we chose to use the theoretical framework of historical materialism.

This referential has as presuppositions: 1. knowledge is a construction that is made from other knowledge on which apprehension, criticism and doubt are exercised; 2. Ideas about facts are always more imprecise, more partial, more imperfect than the facts themselves; 3. nothing can be intellectually a problem if it has not been, at first, a problem in practical life; and, 4. the look on the phenomenon is historically conditioned by the researcher position and the currents of thought conflicting in society (Minayo, 2010).

According to Minayo (2010), the use of qualitative methodologies is important in the health knowledge construction, since the phenomena related to this area are complex and "the recognition of its dynamic complexity is an indispensable requirement to think them scientifically". Marconi & Lakatos (2011, p.269) point out that the qualitative methodology "is concerned with analyzing and interpreting deeper aspects, describing the complexity of human behavior. This methodology provides more detailed analysis on the investigations, habits, attitudes, behavioral tendencies, and so on".

As Cascavel's Attention and Social Protection Network is under construction and requires scientific research that contributes to its development, this will also be a descriptive and exploratory research. These methodologies favor object understanding which have not been studied so much (Köche, 2009).

Taking to account the use of historical materialism as a background, it is possible to raise the following guiding questions: how does intersectoriality take place in the professional daily life experience in Cascavel? How does this social practice effectively and concretely take place?

In an operational way, semi-structured interviews were carried out in the work environment, with workers from the services that make up the Attention and Social Protection Network of Cascavel, regarding children and adolescents care, under psychoactive substances addiction. The interviews had the purpose, according to Severino (2007) to apprehend what these actors think, represent, do, and argue about how this intersectoral network is articulated and organized.

The services included were the Psychosocial Care Center - alcohol and drugs; Hospital detoxification unit and the sectors involved in other policies that serve children and adolescents who are addicted to drugs, namely: Municipal Department of Social Assistance, Cascavel Regional Education Center, Paraná Public Ministry and Guardianship Council.

The data collection period was from January to April 2018. The interviews were recorded,
transcribed in full and grouped for analysis. Participants were identified as follows: Interview 1 (I1), Interview 2 (I2), and so on.

The content analysis was used, following these steps: 1 - Phase of the material pre-exploration or floating readings - a floating reading of the selected corpus is made to know the context and obtain impressions and orientations; 2 - Selection of units of analysis (or meanings) - can be words, clauses, sentences, paragraphs or a complete text of interviews, journals and books. Among the proposals by Bardin (2003), the thematic analysis was chosen; 3 - The categorization and subcategorization process - categories are like great statements that cover a variable number of themes. Categorization is the operation of classifying and systematizing these statements.

The study was approved by the Research Ethics Committee of the university, according to Resolution 510/2016 (BRAZIL, 2016a) and Resolution 466/2012 (BRAZIL, 2012), both of them from the National Health Council/Ministry of Health, through the Opinion Consubstantiated number 2,195,173.

**Results**

**Intersectoriality Understanding by the Different Actors**

In relation to the attempt of an intersectoriality contextualization, the allusion found as actions do not develop in isolation and joint actions, as follows: Intersectoriality, I understand as a joint work of several services by the same situation (I 3). It means the services, that they gather, all for advancement, in case of a family, work together for the people improvement. (...) a union of all services, for the sake of a family, with the objective of self-promoting that family, for improvements, of course, several segments together (I 6). For me it is when you discover that it is impossible to work alone. (...) to be able to work with other services. (I 6).

There are also references to movement, rupture: I understand it is when the actions go through the place you are. (...) for me intersectoriality is when you leave your walls, where you are. That is really breaking the windows, to be able to work with other services (I 1).

The concept of completeness also appears associated with intersectoriality: a failure we have is related to the fact we do not take account of what is presented to us today in any sector (...) we do not take account of the integrity, the totality of the person or family, then I think intersectoriality comes in this sense (...) intersectoriality is when you think the person is not only what he presents ... it is not the sexual violence problem that she has in her life, she has a whole context that has been worked on (I 6). (...) here is a hospital, the person, is hospitalized for clinical treatment, but it is an individual, a social individual, then he/she has social needs (...) it is a work between sectors, among several services, for the same objective, in the same situation, which is multifactorial (...) in case of chemical dependence, it is multifactorial, so it is not only health, it is not only detoxifying that it will solve the adolescent problem (I 3).

In addition, other characteristics found that the comprehension involves interaction, connection, information exchange, sharing, articulation of actions and dialogue, demonstrated as follows: Intersectoriality I understand that this interface, this interplay between the different sectors, services, institutions (I 2). You can dialogue with other sectors, other services (I 6) So, intersectoriality is ... I understand it is the interconnected work, working together, the articulation of actions, is ... it has information circulation among workers acting on the system (I 5). (...) I think the benefit of intersectoriality is not only passing someone your problem, it is sharing with someone, who I believe to be the initial network process, beyond horizontal, sharing with someone else, from another sector (I 6).
Discussion

Pereira (2014) problematizes that the term intersectoriality has many meanings, being a strategic articulation among distinct sectors, an articulation tool between the knowledges and actions of different areas to reach the same objective, and a shared social practice. These ideas converge with the participants' understanding of this study.

In the same way, Lavoratti (2013) defines the theme as the articulation among the public policies aiming to potentialize the actions developed. Thus, it is possible to observe that these research participants have a concept about intersectoriality that fits the thinking of the mentioned authors, since they allude to actions that are not developed in isolation, they are joint actions. The participants also refer to the term as interaction, sharing and articulation of actions.

It was also possible to verify inside the concept of intersectoriality the existence of the understanding of information exchange and dialogue as a necessity. Converging with us, Monnerat & Souza (2009) point out the need to promote mechanisms that favor dialogue and information exchange. There were also references about movement and rupture denoting that, from the point of view of the participants, the change process is a necessary movement to overcome the fragmented practices that lead to intersectoral actions, which is conflictive. In agreement with Monnerat & Souza (2009, p.208), the actions of intersectoral integration are quite audacious and they involve the "creative construction of a new object of intervention common to the different sectors of the State that deal with social issues."

Bidarra (2009) points out that intersectoriality is not something given or easily achieved. This author highlighted that, on the contrary, "negotiating intersectoriality represents an arduous (or better, sewing) political work". Pereira (2014, p.26) argues that intersectoriality brings in its concept the need to break the fragmented tradition of social policies and for that reason "it is admitted that it provides fundamental changes, that is, concepts, values, cultures, institutions, actions and ways of providing services, as well as a new type of relationship between the State and the citizen". These background changes generate conflicts between the new and the old what appears in the interviewees' statements.

Regarding the association presented by the research participants between intersectoriality and integrality, it is possible to affirm that both concepts are used as a way to overcome the fragmented practices, considering the complexity of the question. In this sense, Yazbek (2014, p. 98) points out that intersectoriality "implies the implementation of integrated actions and overcoming the attention fragmentation to social needs of the population".

Albuquerque, Azevedo & Nóbrega (2016) adopt the same meaning on the drug addiction problem by children and adolescents, which, due to its complexity, needs to be translated in a non-fragmented way, requiring actions in an integral and intersectoral perspective.

In relation to drug addiction by adolescents, Espinola (2013) problematizes that this is a complex issue, due to its vulnerability and its biological and psychosocial development. In the same sense, Reis & Guarischi (2016) seek to show how the adolescent drug addiction is characterized as a social problem, since it is associated with crime and disease. This social problem, according to these authors, calls the various fields of knowledge to produce answers to this problem and the State to intervene on it.

Furthermore, it was possible to observe that the concept of intersectoriality presented by the research participants, taking account their experiences in the construction of the Attention and Social Protection Network in Cascavel, is close to what was theorized by researchers on the subject.

Consideration

Since the study participants demonstrate theoretical knowledge about intersectoriality concept, it is necessary to reflect on the ways of making this concept practical. It means, the implementation in the
daily life inside the attention networks, improving the flux in the care system, of children and adolescent psychoactive substance addicted, to achieve the integral care they need in this specific situation.

Referências


intrafamiliar contra crianças e adolescentes no município de Curitiba/PR. Tese (Doutorado em Sociologia) – Setor de Ciências Humanas, Letras e Artes da Universidade Federal do Paraná. Curitiba.


