

Disorder associated with psychoactive substance use: transitions in the lives of military personnel in treatment

Transtorno relacionado ao uso de substâncias psicoativas: transições na vida de militares em tratamento

Trastorno relacionado con el uso de sustancias psicoactivas: transiciones en la vida de militares en tratamiento

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ABSTRACT

Objective: in the light of Transitions Theory, to outline nursing therapy for inpatient military personnel in treatment for disorders due to psychoactive substance use. **Method:** this qualitative study was conducted in 2019 with 11 military personnel hospitalized in a psychiatric unit, who responded to an open interview using the Narrative of Life technique. The data were treated using the content analysis technique. The study was submitted to, and approved by, the research ethics committee. **Results:** three types of transition were identified: situational, organizational and health-disease. In pattern, the transitions were sequential, simultaneous, and related. The salient process indicator was the creation of a support network including the family and health professionals. **Conclusion:** the nursing therapy involved making the serviceman aware of the transition process, in which the family's participation was important, as was preparation for the transition and role supplementation during hospitalization.

Descriptors: Nursing Care; Military Personnel; Substance-Related Disorders.

RESUMO

Objetivo: delinear a terapêutica de enfermagem para militares internados em tratamento para transtorno relacionado ao uso de substâncias psicoativas à luz da Teoria das Transições. **Método:** estudo qualitativo, realizado em 2019, com 11 militares internados em uma unidade psiquiátrica, que responderam a uma entrevista aberta utilizando a técnica Narrativa de Vida. Foram tratados com emprego da técnica de análise de conteúdo. A pesquisa foi submetida e aprovada pelo Comitê de Ética. **Resultados:** Foram identificados três tipos de transição: situacional, organizacional e saúde-doença. Quanto ao padrão, as transições foram sequenciais, simultâneas e relacionadas. Como indicador de processo se destacou a formação de uma rede de apoio incluindo a família e os profissionais de saúde. **Conclusão:** a terapêutica de enfermagem envolve a conscientização do militar quanto ao processo de transição, sendo importante a participação da família, a preparação para a transição e a suplementação de papéis durante a internação.

Descritores: Cuidados de Enfermagem; Militares; Transtornos Relacionados ao Uso de Substâncias.

RESUMEN

Objetivo: definir la terapia de enfermería para militares hospitalizados en tratamiento por trastornos relacionados con el uso de sustancias psicoactivas a la luz de la Teoría de la Transición. **Método:** estudio cualitativo, realizado en 2019, junto a 11 militares hospitalizados en una unidad psiquiátrica, quienes respondieron a una entrevista abierta utilizando la técnica Narrativa de Vida. Fueron tratados mediante la técnica de análisis de contenido. La investigación fue presentada y aprobada por el Comité de Ética. **Resultados:** Se identificaron tres tipos de transición: situacional, organizacional y salud-enfermedad. En cuanto al patrón, las transiciones fueron secuenciales, simultáneas y relacionadas. Como indicador de proceso, resaltó la conformación de una red de apoyo, incluyendo a la familia y los profesionales de la salud. **Conclusión:** la terapia de enfermería involucra la concientización militar en cuanto al proceso de transición, siendo importante la participación de la familia, la preparación para la transición y la suplementación de roles durante la hospitalización.

Descriptor: Atención de Enfermería; Personal Militar; Trastornos Relacionados con Sustancias.

INTRODUCTION

The drug phenomenon is complex and multi-cause and does not recognize territorial, social or age limits¹. It is estimated that approximately 11.7% of the Brazilians aged from 12 to 65 years old (17.8 million people) consumed alcohol or tobacco-related products in the last 12 months. Nearly 2.6% have consumed alcohol and at least one illicit substance (approximately 4 million individuals) and 1.5% (or 2.3 million people) have consumed alcohol and some non-prescribed medication in the last 12 months¹.

Recent studies have identified causes associated with abuse of illicit substances by military men, as well as use prevalence and recurrence. Commitment, dedication and discipline are required from military men, which generates

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permanent tensions and a need for adaptation. Such fact, added to psychological predisposition, can generate distress²⁻⁴. Consequently, military men can be vulnerable to occupational diseases, identifying stress as the main health problem⁵⁻¹¹.

This study sought to elucidate the following question: Considering the transitions experienced along the course of military men in treatment for substance use disorders, what would be the appropriate Nursing Therapy for a healthy transitional process?

In this sense, the study addressed the transitions experienced by these military men throughout their lives, including their experiences before and after their first contact with drugs. Therefore, from their life narratives in an ethno-sociological perspective, an analysis of the transitions was carried out, and the objective of this study was the following: to outline the Nursing Therapy for military inpatients in treatment for substance use disorder in the light of the Theory of Transitions.

Afaf Meleis' Theory of Transitions is a mid-range theory that provides a framework to enable the description, understanding, interpretation and explanation of specific Nursing phenomena that emerge from the practice¹². It presents a broad view of the changes experienced by the person over time, including relationships in specific situations and contexts. It proposes to consider the nature, the conditions under which the transition occurs, and the individual's response patterns.

The structure of the analysis proposed by this theory is based on the identification of the following elements: types, patterns and properties of the transition experiences; transition conditions; facilitators and inhibitors to healthy transitions; process indicators; and outcome indicators. The Nursing therapy is established at the end of the analysis¹³.

METHOD

This is a qualitative and comprehensive study with an ethno-sociological perspective of the issues surrounding the experience of military men admitted to a psychiatric unit undergoing treatment for disorders related to the use of psychoactive substances in the light of the Theory of Transitions. The research was conducted in a Military Psychiatric Hospitalization Unit belonging to the Brazilian Navy, between September and November 2019.

At the time of data collection, 14 military men were hospitalized with a diagnosis of substance use disorders, and all were invited to participate in the research. However, 11 of them agreed to participate. All met the research inclusion criteria, being military men in active duty at the Navy. No participant presented cognitive or behavioral deficits to be excluded from the research.

The data was collected through an interview, using the Life Narrative technique¹⁴, from the following guiding question: Tell me about your life before and after your first contact with drugs. The following filters were used: the reason that led them to use the drug; what their family and social relationship was like before and after problematic drug use; what the perceived change in their self-image and self-esteem was after frequent drug use; and how they intended to get out of that situation.

Recurrence of information was the criterion applied to limit the number of interviews and, when the themes were repeated, saturation of information was characterized¹⁴. All the interviews were recorded and transcribed in their entirety by the researcher.

All the ethical procedures corresponding to research involving human beings were respected. The research was submitted to and approved by two Research Ethics Committees, with CAAE numbers 18066119.3.3001.5256 and 18066119.3.0000.5282. All the participants signed the Free and Informed Consent Form.

RESULTS AND DISCUSSION

The research participants were 11 military men aged between 20 and 47 years old, predominantly single and with complete high school. As for the time of substance use, ten individuals reported using it for more than five years, and only one person had been using it for three years, with cocaine being the most frequent substance. As for the frequency of substance use, six military men reported daily use, two made use after receiving their salaries, and the rest used the substance irregularly.

Two types of transition were identified, namely: situational and health-disease. Situational transition was evidenced by distancing from the daily activities due to hospitalization. The military men identified that only with hospitalization could they have limits regarding their lack of control in relation to the abuse of psychoactive substances, as well as a possibility of prolonged treatment and recovery from the disease.

[...] and I only got to this point, because I think it was the last solution I found because I couldn't do it alone and I had to look for someone specialized [...]. (NV4)

Another situational transition was identified when the military men address economic consequences with the financial commitment to purchase the drug, such as: poor hygiene conditions and loss of housing. At this point, they attribute this stage of life as “rock bottom”.

[...] the rock bottom for me was when I was without any clothes, without food. I drank no water, but I was never out of drugs! [...] (NV2)

The health-disease transition was evidenced by the psychological distress caused by the association of substance use with psychological alterations.

[...] abstinence sometimes changes your mood, make you nervous, understand? (NV4)

The health-disease transitions explore the individuals' and families' responses to disease contexts¹³. The gradual nature of this change allows time for the gradual incorporation of the behavior and feelings of the new state¹³.

[...] nowadays, when I'm going to have one, I already become sad. Using and at the same time feeling guilty about using it. Why am I doing this? (NV1)

Regarding the pattern of the military men's transitions, these were sequential, simultaneous and related, as several types of transitions occurred simultaneously and one was triggered by the other. It is worth noting that simultaneous transitions are groupings of related or unrelated transitions that occur together during a given period of time¹³.

The transitions can also be accompanied by uncertainties, emotional distress, interpersonal conflicts and concern¹³. In this context, a military man mentioned the relationship between the relapse represented by the intense consumption of substances with the loss of his baby. Consequently, a sequential transition is perceived, that is, a cascade effect took place in which one transition led to the other over time.

[...] during her pregnancy, I had few relapses, had few relapses. When she lost the baby, I was really bad, really bad! I had quite a heavy relapse. (NV7)

Therefore, each person can experience more than one type of transition at the same time, depending on the situations they go through. Consequently, the transitions can be unique, multiple and simultaneous. We can add that they are complex and multidimensional.

Consciousness is an individual's own event in which the processes and results are related to the way the person defines or redefines their own construction or that of the situation experienced. Therefore, the person who experiences a healthy transition needs to be aware of the ongoing changes. In case the changes were negative or did not attain a conscious level, then the person is no longer in the transition process. In this case, it is considered that the person is in a pre-transition state, with the need to solve the barriers that block perception of the transition¹³.

By analyzing NV4, we can identify that this soldier has reached the level of awareness necessary for a healthy transition, realizing the severity and consequences of the disease. He acknowledges that he could not attain the treatment objectives alone and decided to seek specialized professionals.

[...] only when I got here, that I stopped to get a sense of it and when I was on the street [...] or at home working, doing my things, I wasn't able to have this ability! (NV4)

Although change and difference are similar, they are not synonyms of transition. All the transitions experienced by the individual lead to changes; however, not all changes are related to the transition. For an individual to understand the transition process, it is necessary for them to discover and describe the effects and meanings of the changes involved. Critical events of imbalance, disruption in relationships, routines, ideas, perceptions and identities can be related to changes¹³.

In the testimony presented below, the harms in the work activities, administrative penalties and loss of focus in the activities can be identified.

At that stage, I was already taking part, I had already taken two parts, understand? Due to lack of service [...] then I lost points, I lost 30 points. I had a simple prison. (NV6)

As for the events related to the break in relationships, harms to interpersonal relationships were represented by the social isolation of the illicit drug user, as well as family conflicts due to changes in priority at home.

[...] because I wasn't like that! I liked to go places with my children. Then I started to go alone, and that affected my family! It started to create a family quarrel. (NV11)

Another property of transitions is difference, exemplified by unmet or diverging expectations, feeling different, being perceived as different, or seeing the world and others in different ways¹³. This characteristic was observed when the participants perceived hospitalization as a solution, while others assumed a victimized attitude towards

hospitalization, expressing not knowing how to assume their responsibilities after hospital discharge. The perceived difference sometimes resulted in changes in behavior or perceptions, but not all differences affected the military men in the same way or had the same meanings.

Consequently, the transition experiences can be useful for the nurses to consider the client's level of comfort and control when dealing with changes and differences¹³.

Facilitating and inhibiting conditions of the transitional process

The meanings attributed to events that trigger a change can facilitate or inhibit healthy transitions¹⁵. The fact the individuals do not relate to the problems with the situation experienced means that they do not perceive any adversity. Consequently, no special meaning was attributed to ease the transition¹³.

In this study, the military men did not attribute special meaning to the initial use of psychoactive substances to a possible development for the problematic use of drugs. Such situation was mentioned by the military men when they stated not making daily use of the substance, externalizing self-control in relation to use. Then, this condition was inhibiting for the healthy transition process.

In relation to the cultural beliefs and attitudes, the military men consider problematic use of substances as shameful, tending to hide the act of using them from other people, going through a solitary experience. It is clear to realize that this attitude contributed to hinder the healthy transition process, as the individual remains in use. Another inhibiting factor for healthy transitions was the military men's financial situation. As they receive their salaries on a monthly basis, they have total security and tranquility to spend their money to buy drugs.

Anticipatory preparation is a facilitating factor for a healthy transition¹³. Thus, developing educational activities and group discussions during hospitalization can contribute to the clarification of doubts, as well as to improving the quality and quantity of information provided to the military men about the disease.

Community conditions can hinder or facilitate the transition experience¹⁵. Consequently, in this study the family can contribute as a facilitating or inhibiting factor for a healthy transition process. It is facilitating when the family offers support in the treatment, encouragement to use the medications, and preventive surveillance regarding possible relapses. It is inhibiting when other family members also make use of psychoactive substances. Both cases appear in the results of this study.

I didn't have contact with my family anymore [...] and then I was just sinking. (NV2)

And, believe or not, my first contact with drugs was with my brother. (NV4)

Some of the narratives of this study exposed certain vulnerabilities, which constituted inhibiting conditions for the transitional process. Exposure to risky places (communities where there is no repression of drug sales and consumption) and easy access to drugs represented some vulnerabilities in this study, contributing to inhibiting the process towards a healthy transition.

Response patterns: process and outcome indicators

The process indicators include the following: feeling connected, interacting/relating to others, being located/situated and developing confidence and coping¹⁵. The need to feel connected to a support network is due to the strengthening of relationships with family members and the development of bonds with health professionals throughout the transitional process, allowing for the externalization of their difficulties and needs. This theme was predominant in many narratives when the military men mentioned that family support awoke the feeling of "being important for someone".

[...] perhaps in Salvador I felt stronger because my family and my friends were there, understand? [...] from some friends from my school days [...] there I feel stronger [...] from the time I didn't do drugs [...] (NV2)

Through the interaction between the military men and the nurses, it is possible to perceive points of conflict and difficulties for continuity of the treatment after hospital discharge, and it is possible to develop strategies for a new reflection on reality. Consequently, behaviors are discovered and clarified in response to the transition¹³.

One of the characteristics of transitions is the creation of new meanings and perceptions¹³. Positioning oneself in relation to the past, present and future is another important element of the response pattern. It is important to most of the transition experiences and can be seen in some individuals. In their narratives, the participants compared their lives, experiences, practices and attitudes before and after beginning to use substances. Comparison was a strategy to reflect and give meaning to their experiences, situating them in time and space. In this way, they were even able to justify the situation in which they were, as well as who and what they are.

Development of confidence is an indicative pattern in which the individuals experience an increase in the level of confidence, manifested from the degree of understanding of the different processes inherent in diagnosis, treatment,

recovery, in the level of use of resources and in the development of strategies for management. The dimensions related to development and manifestation of confidence are progressive throughout the transition process¹³.

As the disease matures and it is understood, military men develop the desire for a new beginning, valuing self-care and planning for a future. Such circumstance is the result of understanding the critical and decisive points and a sense of wisdom resulting from their life experiences.

I'm already programmed to put an end to my doubts and start a new life. I decided now to take care of myself [...] to be honest, I decided now to care of myself. (NV3)

The outcome indicators include dexterity and fluid identity¹³. In order for the healthy transition to be completed, the individuals must master the following skills: monitor and interpret their symptoms, make decisions, make adjustments and access resources¹³. However, as the participants in this study were still hospitalized, it was not possible to analyze the outcome of the transitional process.

The analysis of the military men's transitions was delineated in the light of the Theory of Transitions, as shown in Figure 1.

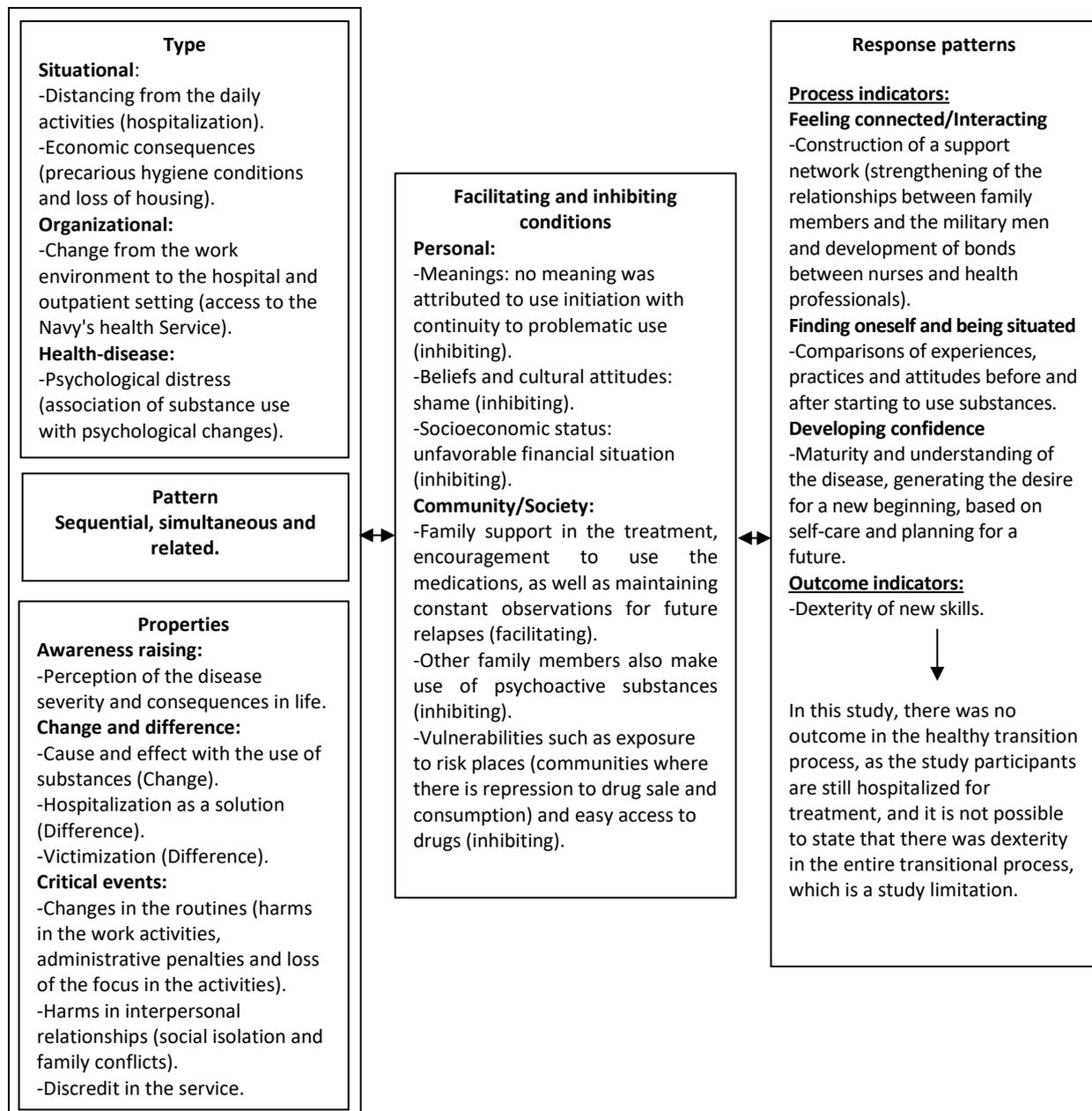


FIGURE 1: Transitional analysis corresponding to the military men undergoing treatment for disorders related to use of psychoactive substances according to the Theory of Transitions.

Nursing Therapy

It is noteworthy that the nurse must be able to select the most effective actions to achieve the goal of maintaining and/or promoting health, from the identification of the first signs of anticipation, perception or demonstration of change that the military men are experiencing during the process. The dimensions of time, pattern, type of transition and moment of intervention must be taken into account for the development of the Nursing Therapy¹³.

It becomes necessary to extract meanings from the clients' narratives. Efforts in the Nursing Therapy need to be directed towards establishing and strengthening defenses, modifying the dangers, from the anticipation of the points at which the individual reaches peaks of vulnerability¹³.

The variations among individuals, families or organizations in transition need to be assessed in order to understand the transition process. There are three broadly applicable Nursing measures for therapeutic intervention during the transitions, namely: readiness assessment, transition preparation, and role supplementation¹³.

In assessing readiness, the nurse needs to fully understand the client through the creation of individual readiness profiles. Such profiles are identified from the observation and identification of transition conditions, which are the following: meanings, expectations, level of knowledge and skill, environment, level of planning, and physical and emotional well-being. Meaning concerns the subjective assessment of an anticipated or experienced transition and the assessment of its likely effect on someone's life.

Expectation is another condition of the transition. Expectations are subjective phenomena that exert a collective influence on the transition experience¹³. Some testimonies showed that the military men created an expectation of managing to get inserted into social groups based on the experience of another person who already made use of substances. Consequently, the framework created by means of previous experiences was applied to a new transition. The environment was another important condition for the transitional process. In this context, the environment represents a facilitating resource, one of external support to the individuals and which helps them during the transition¹⁶.

Some military men mentioned that family support contributed to the emergence of a feeling of strength and security to overcome the desire to use the substance, having a positive impact on the emotional sphere and enhancing recovery. Family support also contributed to planning the transition process, so that the ideal preparation for each phase could be attained¹³.

Therefore, the nurse must foster participation of the family together with the Nursing therapy, so that the client feels safe and sheltered. In this way, development of skills that will reflect changes in behavior and habits will be facilitated, towards a healthy transition.

Another therapeutic Nursing action is preparation for the transition, where education is the main modality for creating ideal conditions for a healthy transition¹³. As knowledge is provided about the individual's difficulties and needs, the nurse is able to perceive the different moments in the individual's life, advancing the planning of Nursing care.

The third therapeutic Nursing action is role supplementation, defined as "information or experiences necessary to allocate the role of historical and significant determinants to full awareness of patterns, units, feelings, sensations and behavioral goals"¹³.

Finally, by analyzing and discussing the results, the meanings that permeate the complex context of problematic use of psychoactive substances experienced by these military men were unveiled. Based on these meanings in the light of the Theory of Transitions, it was possible to plan the Nursing therapy, according to what is synthesized in Figure 2.

Nursing Therapy	
Readiness assessment	<ul style="list-style-type: none"> -Broadly understand the customer by creating individual readiness profiles; -Facilitating understanding of the various meanings of the disease; -Deconstructing expectations that hinder the transitional process; -Strengthening the reconstructions of family bonds from meetings with the family during hospitalization; -Encouraging the family's participation in the Nursing Therapy with their loved one, in order to expand knowledge about the disease regarding the determining factors and consequences caused by the disease.
Preparation for the transition	<ul style="list-style-type: none"> -Identifying with the individual their difficulties and needs to clarify possible conditions that facilitate the transition process. -Establishing and strengthening the defenses, modifying the perils, based on the anticipation of the points in which the individual reaches vulnerability peaks; -Assessing variations among individuals, families or organizations in transition in order to understand the transition process of their clients.
Role supplementation	<ul style="list-style-type: none"> -Propagating new knowledge and skills, in order to rescue the role of historical and significant determinants for resuming patterns, feelings in a certain function with behavior changes.

FIGURE 2: Nursing therapy offered to the military men undergoing treatment for the disorder related to the use of psychoactive substances according to the Theory of Transitions. Rio de Janeiro, RJ, Brazil, 2019.

CONCLUSION

This study achieved its objective of outlining the Nursing Therapy for military men hospitalized for the treatment of a disorder related to the use of psychoactive substances in the light of the Theory of Transitions. Extensive assessment of the clients based on the creation of individual profiles facilitates understanding the different meanings of the disease, enabling the deconstruction of expectations that hinder the transitional process. Thus, nurses turn into a facilitating agent of the complex transitional process military men need to undergo, when perceiving their current life conditions.

The Nursing Therapy involves the military men's awareness of the nature of the necessary transition, its facilitators, inhibitors and the objectives to be achieved. For this, participation of the family, preparation for the transition and role supplementation during hospitalization are important.

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