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EDUCATIONAL WORKSHOPS TO STIMULATE THE SENSORY PERCEPTION OF DRUG USERS: AN EXPERIENCE REPORT

***¹Selene Cordeiro Vasconcelos, ²Sílvia Oliveira Luna, ³Vilmar da Silva Nascimento, ¹Analine de Souza Bandeira Correia, ⁴Ana Luzia Medeiros Araújo da Silva, ⁴Tatiane Gomes Guedes and ⁴Iracema da Silva Frazão**

¹Nurse, Federal University of Paraíba-UFPB, João Pessoa, Paraíba, Brazil

²Occupational Therapist, Center for Psychosocial Care for Alcohol and other drugs. City Hall of Recife. Pernambuco Brazil

³Biologist, Center for Psychosocial Care for alcohol and other drugs. City Hall of Recife. Pernambuco Brazil

⁴Nurse, Federal University of Pernambuco - UFPE, Recife, Pernambuco, Brazil

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ABSTRACT

Objective: To discuss the therapeutic workshop as a strategy for the stimulation of the sense organs and to contextualize the problem of drug abuse. **Methods:** The activities were developed in a Psychosocial Attention Centers for alcohol and other drugs, located in the Northeast of Brazil. The therapeutic workshop was divided into six sessions that took place weekly in the service auditorium, outside pool area, occupational therapy room, group room or cafeteria, lasting one hour, and a sense organ was worked out for a meeting. **Results:** Five sessions were aimed at the organs of the senses where the sight, smell, touch, hearing and taste were worked out. Initially each session was explained to the users and they entered the environments to be performed. The sixth session consisted of listening to the entire educational workshops to stimulate the sensory perception, where participants reported emotions and feelings experienced during sessions, such as: fear, anxiety, fissure, refusal, pleasure and displeasure. **Conclusion:** The participants presented a sensory blunting, relating the experienced stimulus to the consumption of psychoactive substances, demonstrating a strong equivalence between the proposed activity and substance dependence. This activity made possible an interdisciplinary action, through the exchange of knowledge and interventions.

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INTRODUCTION

Nowadays drug abuse, or psychoactive substances (PAS), has become a complex and worldwide proportion phenomenon, being influenced by personal, social and economic factors, constituting a great public health problem in Brazil (Brasil, 2003; Oliveira, 2007; Scheffer, 2010). This use can occasion a PAS dependence which is considered a mental and behavioral disorder where the heterogeneity prevails, for affecting different people, of distinct modes and for various reasons and circumstances (Capistrano, 2013).

*Corresponding author: Selene Cordeiro Vasconcelos

Nurse, Federal University of Paraíba-UFPB, João Pessoa, Paraíba, Brazil

The individual's own necessity of seeking drugs as an escape mechanism of reality and inappropriate coping to his psychic sufferings, besides provoking behaviors of search for consumption and the loss of pleasure for the habitual activities, ends up altering the social, work and family relations of the user (OMS, 2001; Altınöz, 2016). In this context, the national policy of attention to users of alcohol and other drugs in Brazil, come through equipment inserted in the health network, in this case the Psychosocial Attention Centers for alcohol and other drugs – PSACad, seeking to offer individualized assistance to this clientele, focused on their demands and health needs. It prioritizes their social reinsertion, autonomy, reintegration and rehabilitation, using as main action strategy the harm reduction, the singular therapeutic project and the multiprofessional work coming from contributions of the

Expanded Clinic that is an approach of the Politics of Humanization in force in Brazil (Pratta, 2009; Brasil, 2013). The importance of developing therapeutic strategies that provide improved awareness of PAS users about acquiring healthier lifestyle, rediscovering pleasure and rebuilding themselves as a subject of their own existence, promotes/directs reflections on the assistance practice of the PSACad multidisciplinary team. In view of the above, Health Education is proposed, with the central premise, the continuous construction of the interaction between knowledge, approaching the individuals in his multidimensionality, stimulating the search for the development of the life quality, in a dialogical process in which the participants contribute in their potentialities (Brasil, 2015). The workshop is a type of operational group in which the coordinator is placed as facilitator of these reflections on a central theme, presenting four phases of preparation: demand, pre-analysis, focus and framing, and flexible planning (Fonseca, 2002). Its main contribution to the health/disease process is to promote the user co-responsibility for his health care, considering his social context, his culturally accumulated knowledge during his life experience and his previous understanding of the knowledge to be shared, promoting his autonomy (Brasil, 2015). Therefore, one must intervene in the exposed reality and propose health behavior changes that result from the reciprocal relationships between the environment, the personal factors and the attributes of one's behavior (Soares, 2010).

Thus, the Expanded Clinic allows, immediately, think of the diversification of its possibilities in terms of objectives, references and its productive purposes (Sniehotta, 2005) and subsidizes the construction of other ways of working the suffering caused by the use of drugs. In order to share the experience of a nurse and an occupational therapist from the staff of a PSACad, the present study aimed to discuss about the therapeutic workshop as a strategy for the stimulation of the sense organs and to contextualize the problem of drug abuse. This activity emerged from the uneasiness originating from the perception of the "sickness" of the Education Health Therapeutic Group by its coordinator nurse, when observing the recurrent demand of the group to choose as work object thematic related only to diseases, without noticing the existence of other possibilities for problematizing discussion.

MATERIALS AND METHODS

It is a descriptive study of the type of experience report of a therapeutic activity performed by health professionals of PSACad, Recife, Pernambuco, Brazil. The report aims to provide record and share experiences of teaching or health care (Hainz, 2009). The PSACad is composed of a multiprofessional team, formed by: Nurse, Occupational Therapist, Physical Educator, Harm Reduction Agents, Psychologists, Social Assistants, Clinical Physicians and Psychiatrists, Sanitarians, Nursing Technicians and Administrative Staff. Its operation takes place in three shifts (morning, afternoon and night) daily, from Monday to Friday. The users participating in the service are of both genders and over the age of 18, their insertion occurs through an interview of admission, being by spontaneous demand or referral of any health, justice and Social Assistance Policy, by public or private companies or by the family itself. The user is included in some modality of treatment according to what is agreed in his Singular Therapeutic Project that takes into account the degree of commitment, demands and health needs, psychosocial issues

necessary to be rescued and the motivation for the treatment. Several options for therapeutic activities are offered by PSACad, such as: Reflection groups, Occupational Therapy, Social Rights, Health Education, Music, Relapse Prevention, Physical Education Activity and multifamily group besides medical and psychiatric care as well as medication supply. In addition, an assembly is held monthly with the participation of service professionals, users and their families who discuss issues related to the exercise of citizenship and social control. The educational workshops to stimulate the sensory perception was planned and executed in order to rescue the rediscovery of new forms of pleasure through the body itself. For that, six weekly meetings were held, with an average duration of one hour, with the various rooms of the service (auditorium, outdoor pool area, occupational therapy room, group room and cafeteria) as a scenario. Approximately 10 users of PAS undergoing treatment at PSACad participated in the activity. The number of participants was variable due to the occurrence of absences, dropouts, discharges and admissions during this period, being necessary the performance of a moment of retrospective about the planning and objectives of the activity at each session. All sessions were planned and performed with the participation of the Nurse and the Occupational Therapist of the service, being structured in three stages: 1) Information and presentation of graphic material on the anatomy and neurophysiology of the body sense organ and the necessary care, correlating with the phenomenon of abusive use of PAS and consequent alterations, emphasizing the memory of pleasure; 2) Individual experience of each sensation through the sense organ to be stimulated in the session during which the users were directed to use only the sense organ being stimulated; 3) Reflection and discussion of the session. In order to facilitate the process of understanding the re-signification of the body consciousness with the rediscovery of pleasures, the activity followed a sequence of themes: sight, smell, touch, hearing and taste.

RESULTS

Concerning the socio-demographic characterization of the participants, the majority were male, aged between 45 and 50 years old, up to four years of study, single, without fixed income, had informal work and lived alone. The workshops followed the sequence of themes: sight, smell, touch, hearing and taste, in which the sixth session prioritized the evaluation and discussion of all the activity carried out in the period.

Sight: Reflections on its underutilization: It was the first sensitive organ worked out. The session was held in the group room, without chairs, where there were images fixed on the wall (optical illusion, hidden images, ambiguous) and objects scattered around the room (inside a transparent sealed box and another opaque not sealed). Users were invited to walk around the room in silence, to explore space and objects, without sharing their perceptions with the rest of the group. After fifteen minutes of appreciation of the scenario, a conversation was held with all the members sitting on the floor. The exchange of experiences and knowledge allowed to identify a variety of perceptions and feelings, as well as to promote a space for reflection, since some users could not understand certain images or objects exposed. Participants reported that they do not value sight as a source of perception in their lives, that they have neglected simple aspects but they can promote pleasure and well-being. Sight can also be associated with pleasant or unpleasant memories. It should be noted that some

objects were associated with the ritual of consuming PAS, generating anxiety and suffering during the activity, and these demands and needs were worked out. Everyone was quiet at the end of the session.

Smell: anxiety and insecurity: The session was held in the pool area, where users sat around a table with closed opaque pots containing aromatic substances (essences, spices and herbs). Blindfolded, the user smelled the pot, experiencing the sensation of each scent. A conversation circle about the activity was held. Participants reported fear, anxiety, and insecurity related to the inability to visualize what would be experienced. Some participants tried to recognize the aromas and voiced the importance of identifying the substances before using them.

Touch: differences between the real and the perceived: This session was held in three environments: in the courtyard, in the occupational therapy room and in the auditorium. Individually and blindfolded, the users were led by one of the coordinators into the room and touched the objects scattered on the table (fabrics of varied textures, ropes, sandpaper, brushes and toys), they were later taken to the auditorium and contact with the other users who had not entered the occupational therapy room was impossible, until the last participant. The reflection on the activity occurred in the auditorium, where the participants reported that the tactile sensations generated insecurity, anxiety and curiosity. In a relaxed mood, everyone talked about the desire to remove the band to see the object touched. We returned to the Occupational Therapy room to visualize the objects, allowing a new reflection on the experience, where a difference between the perceived object and the real was identified, being reported by the group the possibility of seeing the world through other senses, citing as an example, the visually impaired.

Hearing: pleasure and relaxation from music: This session was held in partnership with the professionals responsible for the Music and Percussion group. It occurred in the auditorium, each user laid down on a mat, being asked to close their eyes and concentrate only on the sounds produced by instruments and other objects. Seated on the ground in the shape of a large circle, reflections on the activity were made through the reading of a text that portrayed the music produced by the sounds from the organs of the human body. Participants reported that they were not paying attention to the sounds of life, especially the sounds their body can produce. They also talked about the sensations of pleasure and relaxation experienced.

Taste: flavors life can provide: This session was started by the pool where the users experienced different flavors and made distinctions among them, including a food without flavor, experiencing feelings of pleasure and displeasure. The reflection on the activity was guided by the focus of the flavors that life can provide, being mentioned significant words that originated the construction of a text, that was transcribed for the poster produced with collage of figures from magazines and titled by the group "Flavors of Life". This dynamics was finalized in the kitchen of the institution with different options of ice cream flavors. Participants served freely, being led to reflections on their choices of pleasure.

Analysis of the Therapeutic Workshop's contributions: The sixth session consisted in the conclusion of the Experience of Senses Therapeutic Activity, composed of reflections about the

previous sessions, which made it possible to correlate with the stimulation of the sense organs and to contextualize with the problem of drug abuse.

DISCUSSION

Among the several objectives of the Education Health Therapeutic Group, which includes the therapeutic activity of the Experiences of the Senses, stands out the opportunity to provide drug users under treatment in a PSACad rediscovered sensations of pleasure and displeasure through the organs of the senses, contributing to a resignification of the consciousness of their own body so neglected by the use of drugs, stimulating the self-care and the improvement of the self-esteem. In this sense, it is necessary to contextualize the problem associated with drug use in order to better understand the magnitude of this issue and to emphasize the importance of interventions aimed at this public. Therefore, studies indicate that the illicit drugs of greatest consumption and accessibility in Brazil are marijuana (8.8%), solvents (6.1%), benzodiazepines (5.6%), cocaine (2.9%) and crack (1.5%) (Scheffer, 2010). At the global level, the World Report of the United Nations Office on Drugs and Crimes estimates that approximately 5% of the world population between 15 and 64 years of age use some type of illegal substance (Machado, 2013). In addition to the highlight of the global burden of diseases caused by alcohol and other drugs, the World Health Organization (WHO) calls attention to this fact and mentions that there are approximately 2 billion of alcohol users, 1.3 billion of smokers and 185 million of drug users in the world, in which the disorders related to this use occupy the 18th and 19th positions in the ranking of diseases in Latin American countries (Fernandes, 2015).

Among the various questions arising from modern life, the onset of drug use may occur by influences from hedonism, curiosity, relief from pain or suffering that may persist after continued use, as well as the desire to experience unprecedented and pleasurable experiences (Gidhagen, 2016; Proctor, 2016). Moreover, the senses or reasons are differentiated mainly by the ways of relation with drugs, where not always who uses them develops some problem related to the addiction. It is the reflection of the place where drugs occupy in the life of the individual, even though throughout history the PAS have been inserted in different cultures establishing different bonds between those who use them (Formigoni, 2014). It is understood that people use drugs for different reasons, and that environmental factors such as stress can alter the pattern of consumption of these drugs, emphasizing that drugs of abuse are potent reinforcers and cause intense subjective effects in individuals, favoring the reuse of the drug, mainly by the hypothesis these substances sequester the neural circuits that codify the system of cerebral reward. Such a problem infers that drug dependence is multifactorial, becoming a problem in the lives of these people, in both social and health nature (Brajević-Gizdić, 2009). However, it is worth mentioning that such experiences of use can lead to self-destruction, as well as causing behavioral changes such as violence, indifference, isolation and contempt, in which chronic use can cause chemical dependence, consequent to the pathological relationship between an individual and a psychoactive substance (Scheffer, 2010). The main problem focuses not only in the use of these substances, but fundamentally in the abusive use of them, which is where the harmful effects of this use arise. These

consequences are related to neuropsychiatric (psychotic disorders and associated to consume, as well as brain and spinal vascular accident, ischemic, headache, convulsions and motor disorders) and cardiocirculatory complications as well as socio-occupational disorders (Gidhagen, 2016). Then, it is necessary to understand the relationship between the PAS and our organism, more precisely the influences of the Central Nervous System (CNS) emphasizing its neurobiological functioning and the alterations resulting from the use of PAS.

In this context, the CNS is a complex communication network where signals are constantly received, integrated and transmitted by its functioning cells, which are the neurons, responsible for perceiving and identifying external and internal environmental conditions, elaborating our adaptive biopsychosocial response (Gidhagen, 2016).

These responses happen by means of nerve impulses that always occur in the same direction in the neuron: dendrite-cell body-axon, in which neurons whose dendrites are connected to an organ of sense (eye, ear, mouth, skin) are called sensorial or sensitive, neurons whose axons terminate in muscles or glands are called motors (Gidhagen, 2016). It becomes necessary to understand the meaning of the word "drug" since in ordinary language it has a meaning of something bad and/or without quality, but in medical language drug is synonymous with medicine. According to the World Health Organization (WHO) drug is any substance capable of altering the functions of living organisms, causing physiological or behavioral changes (Roberta, 2011; Fernandes, 2015). Drugs that modify the functioning of the CNS by increasing it are called CNS stimulants or "psychoanaleptics" (amphetamines, cocaine, tobacco), reducing it are CNS depressants or "psycholeptics" (alcoholic beverages, solvents or inhalants, tranquilizers or anxiolytics, depressants and sedatives, opiates and opioids) and altering our perception are CNS disturbing or "psychotomimetics" (marijuana, mushrooms and hallucinogenic plants, synthetic hallucinogens, ecstasy (MDMA) and anticholinergics). These are called psychoactive because of their CNS influences, but among psychoactive drugs, some drugs have tropism, in other words, "attraction by", by the psyche and are called psychotropic because they act in the brain by somehow altering our psyche, depending on the type and intensity of use of each psychotropic drug used (Roberta, 2011; Fernandes, 2015).

By relating the means of action to CNS level with the direct effects on the users, we can highlight that the depressant drugs are those that decrease the activity of our brain, depress its functioning, allowing the individual to be "off", "slow", disinterested in things. Stimulant drugs, on the other hand, increase brain activity, helping the user to be "turned on", "electric" and not sleepy. Both changes are quantitative because they increase or decrease the functioning of the CNS, but there is a group of drugs that alter this functioning qualitatively, the disturbing ones, in which the brain starts to function outside its normal, the mind gets disturbed (Roberta, 2011). Another important point is the fact that each drug has its specific mechanism of action, but all of them activate the same brain region directly or indirectly, the reward system, which is a system constituted by neuronal circuits responsible for actions reinforced positively and negatively. Among the CNS structures that drugs act on, the mesolimbic system and the mesocortical system stand out, both instituting the reward system (Fernandes, 2015).

Some neurotransmitters such as dopamine (main), serotonin, noradrenaline, glutamate and GABA are present in both mesolimbic and mesocortical systems and are responsible for their CNS modulating action through the reward system. This system can be activated in two ways, when drugs increase dopamine release, individuals may use drugs for the desire for well-being (positive reinforcement) or they may use drugs because they are sad, depressed or anxious and wish to relieve such sensations (negative reinforcement). Such property of causing well-being or relieving bad sensations is that it increases the chances of drug reuse (Fernandes, 2015). It is important to reflect on the influences of the modern world on people's lives and their relationship to this social life burdened with demands, setbacks, risk factors and protection that contribute to the spread of drug use among people. Health professionals need to broaden their focus on care, offer interventions beyond the clinical perspective, but working on subjective issues of the individual, their losses and gains from drug abuse, emphasizing the work with the consequences of that use on our body awareness, our self, self-care, our perception of how much we do not attach importance to our senses, and if well worked, how much they can contribute to our general well-being.

Conclusion

From the realization of the educational workshops to stimulate the sensory perception, it was possible to perceive that the majority of participants initially presented a sensory blunting, from which they expressed the low attention and importance perceived in relation to each sense organ, presented their difficulties in using only one sense organ at the same time, without the help and contribution of the others to better understand and perceive the proposed activities. In the face of the reports there was a self-reflection of the importance of the function of each organ, besides the maintenance of the health of each one and the clarification of the consequences that the abusive use can lead specifically to each organ. In addition, it provided reflections on the phenomenon of the use of psychoactive substances related to the intensity of its consumption, the direct relation between the sensations provoked from this use and the real sensations produced by each sense organ, moreover, it promoted the knowledge about the neuropsychiatric damages due to abusive use of these substances. The importance of working the sense organs among these users is emphasized, since in most cases there is a low perception of the real importance that each organ exerts for the good general functioning of the body and the senses, and especially of the influence that each organ produces on our senses when they are under chemical effect that all PAS causes.

The main contribution of the present work is given in perspective to show to the other health professionals, and who deal with the specific public of the present experience, that there are alternatives to the traditional treatment offered to these subjects, that can work important issues within the universe that is given to abusive use of PAS, and from the sharing of this successful intervention experience, to be able to subsidize similar interventions elsewhere. It is important to notice that innovative initiatives in health care, for example, by using different spaces of the same work environment can produce different sensations and feelings in the users, in which it is possible to work on issues that emerge from the influences of that same place and that possibly would not arise in a

traditional office. Besides highlighting the importance of interdisciplinary work among health teams, it becomes possible to allow sustained interventions in the Expanded Clinic, transcending institutional barriers to benefit the user and his Singular Therapeutic Project.

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