



Research paper

Characteristics of clients using a community-based drug treatment service ('CAPS-AD') in Brazil: An exploratory study



Andrea Donatti Gallassi^{a,b,*}, Eduardo Yoshio Nakano^c, Gabriela Arantes Wagner^d,
 Maria de Nazareth Rodrigues Malcher de Oliveira Silva^a, Benedikt Fischer^{e,f,g,h}

^a Center of Drugs and Associated Vulnerabilities, Faculty of Ceilândia, University of Brasília, Brazil

^b Science and Health Technology Program, Faculty of Ceilândia, University of Brasília, Brazil

^c Department of Statistics, University of Brasília, Brazil

^d Department of Preventive Medicine, Universidade Federal de São Paulo, São Paulo, Brazil

^e Social & Epidemiological Research, Centre for Addiction and Mental Health, Toronto, Canada

^f Department of Psychiatry, University of Toronto, Toronto, Canada

^g Institute of Medical Science, University of Toronto, Toronto, Canada

^h Centre for Applied Research in Mental Health and Addiction, Faculty of Health Sciences, Simon Fraser University, Vancouver, Canada

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ABSTRACT

Background: Substance use is common in Brazil. In order to improve availability of substance misuse care services, over 400 Psycho-Social Care Centres for Alcohol and Drugs (CAPS-AD) – providing community-based care – have been established following mental health care reform (2001). Information on CAPS-AD clients and outcomes is limited. The present study examined select characteristics of local CAPS-AD clients. **Methods:** $N = 143$ adult CAPS-AD clients in Ceilândia (suburb of Brasília, Federal District) participated in a 1-week 'snapshot' assessment of service users (February 2015). Following consent, descriptive data were collected by a brief, anonymous interviewer-administered questionnaire that included socio-demographic, drug use, treatment history and needs/barriers information.

Results: Participants were predominantly male; middle-aged; unemployed; married; with middle-school education; primary problem drugs indicated were alcohol and cocaine/crack; half had prior treatment histories and indicated that treatment was externally motivated; 60% reported ways to improve treatment and possible reasons for treatment discontinuation; in multi-variate analyses, the latter was associated with employment and education status (both $p < .05$).

Conclusion: CAPS-AD services appear to have increased low-barrier substance misuse treatment availability in Brazil, as well as attract individuals new to the treatment system. Various potential barriers to continuing in treatment should be addressed and more research on CAPS-AD clients and outcomes is needed.

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Introduction

The use of psychoactive substances is common in Brazil. The most commonly used substances (e.g., past year) in the general adult population include: alcohol (50%), tobacco (17–19%), cannabis (2–3%), cocaine/crack (1–2%), other stimulants (<1%) and prescription sedative (non-medical) use (2–6%) (Braga, Borges, Iodes, & de Freitas, 2005; Inter-American Drug Abuse Control Commission, 2011; Laranjeira, Madruga, & Pinsky, 2014).

Substance use – similar to other jurisdictions – is common and frequently elevated among adolescent/young adult (e.g., student) populations (Andrade, Duarte, & Oliveira, 2010; Carlini et al., 2010). The prevalence of problematic use or use disorders are concerns only among subsets of users, for example for alcohol: 10–12%; tobacco: 10–17%; cannabis: 1.2%; cocaine/crack: 1%; prescription sedatives/stimulants: <0.5% (Bastos & Bertoni, 2013; Galduroz, Noto, Nappo, & Carlini, 2005; Laranjeira et al., 2014).

The landscape of interventions and treatment services for substance misuse in Brazil includes a variety of components. Recently, these profiles have shifted in the context of policy reforms. Importantly, national mental health/substance use system reform efforts in Brazil (initiated federally in 2001) aimed for improved, more patient/need-oriented and accessible services within a context of marked socio-economic inequalities in the

* Corresponding author at: Center of Drugs and Associated Vulnerabilities, University of Brasília (UNB), Faculty of Ceilândia, Centro Metropolitano 1, Conjunto A – Ceilândia Sul Zip 72220-900, Brasília DF, Brazil. Tel.: +55 6133770615.

E-mail address: andrea.gallassi@gmail.com (A.D. Gallassi).

population, and major gaps in fiscal and professional care resources (Andreoli, Mello, Mello, & Kohn, 2007). These reforms have resulted in substantive decreases in the number of psychiatric (long-term) inpatient hospital beds (51,393 in 2002 to 32,681 in 2011) mostly replaced by (short-term) detoxification beds in general hospitals. Moreover, the government implemented 129 'Street Level Care' programs (*Consultório na Rua*) as low-threshold primary health services primarily for homeless people with substance use/mental health issues; 58 community-based Harm Reduction Training Programs (*Escolas de Redução de Danos*) to promote health interventions with street drug users; and funded 7541 beds in 336 residential therapeutic community programs (Andreoli et al., 2007; Ribeiro et al., 2014).

Additionally, a novel landmark intervention – 'Psycho-Social Care Centres' (CAPS – *Centro de Atenção Psicossocial*) – was implemented (Andreoli et al., 2007; Barros & Salles, 2011; Mateus et al., 2008). The principal objective of CAPS has been to implement community-based care services for mental health and substance misuse while facilitating de-institutionalization from psychiatric hospitals. CAPS services are free – i.e., covered by universal public health care in Brazil – and offer a continuum-of-care, delivered by multi-disciplinary professional teams focusing primarily on psycho-social and patient needs-oriented interventions within wider social/health service networks (Mateus et al., 2008). Since their introduction, the number of CAPS programs for mental health/substance misuse care across Brazil has increased from 295 (2001) to 2328 (2015); of these, 403 are "CAPS-AD" – i.e., specialized services for alcohol/drug problems specifically (Ministério da Saúde (Coordenação Nacional de Saúde Mental, Álcool e outras Drogas), 2015; Ribeiro et al., 2014). Despite these system reforms, major gaps in availability and access to substance misuse care/services persist in Brazil, particularly for marginalized substance users (Cruz et al., 2013; Gigliotti, Ribeiro, Tapia Aguilera, Rezende, & Ogata Perrenoud, 2014; Madruga et al., 2015).

Select studies focusing on CAPS-based treatment users and outcomes exist, however they primarily focus on mental health aspects (Mateus et al., 2008), including: service user profiles, challenges of treatment retention for complex (e.g. co-morbid) patients, medication adherence and therapeutic plan aspects (Braga et al., 2005; Souza et al., 2011). Limited studies, which have assessed CAPS-AD specifically, have highlighted: low treatment adherence of crack-cocaine users compared to other drug users (Schein & Prati, 2013); better treatment engagement by self-motivated clients, older patients and those with longer substance use histories (Monteiro et al., 2011; Peixoto et al., 2010); and lower likelihood of treatment seeking and treatment continuity by younger users (Vasters & Pillon, 2011). Major knowledge gaps remain regarding CAPS-AD service users' characteristics as well as treatment courses and outcomes.

Methods

The present study sought to describe select key characteristics in the client population of a local CAPS-AD service in Brazil in order to better understand the CAPS-AD population and generate evidence for improved services and outcomes. The study focused on the following central features of CAPS-AD clients: (1) socio-demographics; (2) drug use; (3) treatment history and motivation; (4) potential treatment barriers/reasons for discontinuation; and (5) possible treatment improvements.

Setting

This study was conducted in the CAPS-AD located in Ceilândia, the biggest suburb (400,000 population) of Brasília (Brazil's capital), featuring high levels of socio-economic disparity and

violence (Companhia de Planejamento do Distrito Federal, 2011). The Ceilândia CAPS-AD (established in 2008) operates on a 24/7 basis (since 2014) and assists people >18 years old with alcohol or other drug problems. Clients are referred from either other community-based health or social services, the criminal justice system, or by self-referral. Various therapeutic activities are available for clients delivered by an interdisciplinary team of 91 professionals. Clients may stay as inpatients and receive intensive care in exceptional circumstances, for example when in withdrawal for a maximum period (14 days) until stabilized (Governo do Distrito Federal, 2015).

Approach

The study examined CAPS-AD client characteristics in a cross-sectional approach, based on a 'snapshot' assessment of clients attending the CAPS-AD service during one week. Participation was voluntary and anonymous, and informed (signed) consent was obtained from participants. The Human Research Ethics Committee, Faculty of Health Sciences, University of Brasilia (CONEP 1.081.907/2015) approved the study.

Recruitment and assessments

152 adult clients (≥ 18 years old) were approached for study recruitment; 7 refused, rendering a total of 145 individual assessments (study sample). Five trained interviewers conducted assessments of clients who accessed the CAPS-AD service during a 1-week period (Monday–Sunday, 7am–10pm) in February 2015. The interviewers approached prospective participants in the CAPS-AD waiting room following check-in. After a brief study explanation and consent from participants, the interviewer-administered study questionnaire was completed in paper form; study data were subsequently transferred into an electronic database.

Study variables

The study questionnaire included primarily closed questions, with some customized open-ended questions focusing on key participant characteristics. Specifically, the following variables were collected: sex (binary); age (categorical); employment status (binary); marital status (binary); education level (categorical by level completed); primary drug used (categorical by drug mentioned); treatment self-motivation (binary); pre-CAPS treatment history (categorical by type of prior treatment); potential barriers for treatment continuation (categorical by reason mentioned; multiple responses); ways to improve treatment (categorical); this last item was asked as an open-ended question, and results were categorized by themes of responses.

Analysis

From the $n = 145$ assessments completed, 2 had extensive missing data and were excluded; analyses were based on the remaining $n = 143$. Descriptive statistics were computed as frequencies and percentages for all study variables. For "possible reasons for treatment discontinuation", multiple responses (three maximum) were possible; responses were weighted (i.e., triple-weighted for first mention, double-weighted for second and single-weighted for third) and reported as a weighted composite frequency among respondents. To examine associations between (any) possible reason for treatment discontinuation (dependent variable), and other (independent) study variables, we first estimated univariate (crude) associations and then multi-variate (adjusted) associations (i.e., odds ratios [ORs]). All tests were

performed assuming 5% significance level. Data were analyzed using the Statistical Package for the Social Sciences (SPSS) for Windows version 19.0.

Results

(See Table 1) The majority of participants were male, middle-aged (30–49 years), married, and had a middle school education; about half were employed.

Alcohol or cocaine/crack were indicated as the primary drugs of use by the vast majority of the sample. CAPS-AD was the first drug treatment intervention for about half of the participants while the remainder had received prior treatment care in a variety (including residential/hospital, primary care, self-help) of settings. Approximately three out of five participants indicated that they were primarily self-motivated for treatment, while two out of five indicated external pressures as motivation.

Table 1
Socio-demographic, drug use and treatment characteristics of the CAPS-AD client sample ($n = 143$).

	Frequency	
	N	%
<i>Socio-demographic characteristics</i>		
Sex		
Male	116	81
Female	27	19
Age		
18–29	21	15
30–49	91	63
≥50	31	22
Employment		
No	81	57
Yes	62	43
Marital status		
Married	90	63
Single	53	37
Education level		
Middle school	87	61
High school	51	36
College	5	4
<i>Drug use and treatment characteristics</i>		
Primary drug use		
Alcohol	72	51
Crack/cocaine	64	45
Cannabis	7	5
Treatment history ^a		
None (CAPS-AD is first treatment episode)	66	46
Residential treatment/hospital	48	34
Religious or self-help/support groups	27	19
Primary care services	23	16
Treatment motivation		
Self	85	59
External	58	41
<i>CAPS-treatment experiences</i>		
Reasons for possible treatment discontinuation		
None indicated	54	38
Reasons reported (weighted ^a) ($n = 89$)		
Lack of interest in activities offered	97	28
Logistical barriers	85	25
Lack of family support/care	54	16
Un-welcoming/-supportive staff attitudes	46	14
Lack of staff knowledge or professionalism	31	9
Non-tolerance of drug use	16	5
End of judicial order	14	4
Possible ways to improve CAPS treatment		
None indicated	54	38
Ways indicated ($n = 89$)		
Increased emotional/social supports	55	62
Better support to decrease or stop drug use	25	28
Better health care/support	7	8

^a Multiple mentions possible.

About three out of five participants indicated reasons for possible discontinuation of present treatment. The most commonly cited reasons included lack of interest in the activities offered at the CAPS, logistical barriers, lack of family support, un-welcoming/-supportive staff attitudes, and lack of staff knowledge/professionalism. Similarly, approximately three out of five respondents indicated possible ways to improve the CAPS-AD treatment, with the majority suggesting increased emotional or social support.

(See Table 2) In the multi-variate analyses exploring associations with reasons for possible treatment discontinuation, employment status ($p < 0.001$) and education level ($p < 0.05$) were identified as independent predictors; other study variables were not significantly associated.

Discussion

The present study provided valuable insights on key characteristics of a 'snapshot sample' of users of CAPS-AD in Brasilia. First, the sample was primarily male, middle-aged, unemployed and with limited education; the principal drugs of use influencing treatment-seeking were alcohol and crack/cocaine. This profile of characteristics is similar to observations from other studies of CAPS client populations, including a predominance of middle-age, low-educated males (Moreira, Fernandes, Ribeiro, & Neto, 2015) with alcohol and crack/cocaine as predominant drugs of use (Almeida, 2013). While the number of individuals with alcohol-related problems in Brazil is large and translates into substantive need and demand for treatment, the proportion of cases involving crack-cocaine use was similarly common, despite limited population-level prevalence (Carlini, Galduroz, Noto, & Nappo, 2005). Considering the socio-demographic characteristics of clients – featuring primarily lower-class/poor individuals attending public CAPS-AD services – these may also illustrate a division of substance misuse treatment provision in Brazil, where wealthier people commonly seek (private/for-pay) help services (Dos Santos et al., 2013; Paula, 2010). Furthermore – while reflecting the utilization patterns in other systems – the gender-patterning of clients may indicate distinct service access barriers for women.

A notable finding is that half of the participants reported their first encounter with the substance treatment system at the CAPS-AD. While further population level data are needed to systematically ascertain these trajectories, this may be a signal that CAPS-ADs are fulfilling an important part of their mandate, namely to make substance treatment services more available and accessible through a low-threshold and community-based approach (Pande & Amarante, 2011; Schein & Prati, 2013; Xavier & Monteiro, 2013). If this is indeed the case, and a substantive number of previously treatment-naïve individuals with substance misuse problems are receiving treatment in the several hundred of CAPS facilities recently established in Brazil, then this attests to the importance of sustaining system improvement and impact. About half of the CAPS-AD sample described their treatment as 'self-motivated', while the remaining cited external motivation factors (potentially including forms of mandatory/coerced treatment). Similar realities have been observed in other treatment systems, and it would be useful to examine whether the present motivational differences translate into differential treatment retention or outcomes (Wild, Newton-Taylor, & Alletto, 1998). Overall, the data situation on long-term treatment characteristics and outcomes of CAPS-AD attendees is thin and requires more focused research.

Somewhat disconcerting is that >60% of the study sample identified a reason for possible discontinuation of their care utilization at the CAPS-AD, with the main factors cited as lack of interest in care programming and logistical barriers. This reflects findings from other studies that have demonstrated substantive

Table 2
Univariate and multivariate analysis of the association between reasons for possible treatment discontinuation and other study variables in the CAPS-AD sample ($n = 143$).

	Any possible reason to discontinue treatment		Univariate analysis (crude)		Multivariate analysis (adjusted)	
	No ($n = 54$)	Yes ($n = 89$)	OR (95% CI) ^a	p -value	OR (95% CI) ^b	p -value
Sex				0.723		0.639
Male	43 (37.1%)	73 (62.9%)	1(Ref)		1(Ref)	
Female	11 (40.7%)	16 (59.3%)	0.857 (0.364–2.015)	0.723	0.793 (0.300–2.093)	0.639
Age				0.363		0.540
18–29	5 (23.8%)	16 (76.2%)	1(Ref)		1(Ref)	
30–49	36 (39.6%)	55 (60.4%)	0.477 (0.161–1.483)	0.183	0.433 (0.084–2.222)	0.316
≥50	13 (41.9%)	18 (58.1%)	0.433 (0.126–1.483)	0.183	0.353 (0.055–2.255)	0.271
Employment				0.003**		0.001***
Yes	32 (51.6%)	30 (48.4%)	1(Ref)		1(Ref)	
No	22 (27.2%)	59 (72.8%)	2.861 (1.423–5.752)	0.003	3636 (1.646–8.032)	0.001
Marital status				0.717		0.348
Single	35 (38.9%)	55 (61.1%)	1(Ref)		1(Ref)	
Married	19 (35.8%)	34 (64.2%)	1.139 (0.564–2.301)	0.717	1.457 (0.664–3.200)	0.348
Education level				0.071		0.043**
Middle school	38 (43.7%)	49 (56.3%)	1(Ref)		1(Ref)	
High school or higher	16 (28.6%)	40 (71.4%)	1.939 (0.946–3.975)	0.071	2.270 (1.025–5.026)	0.043
Primary drug use				0.354		0.402
Crack/cocaine	20 (31.3%)	44 (68.8%)	1(Ref)		1(Ref)	
Alcohol	31 (43.1%)	41 (56.9%)	0.601 (0.297–1.217)	0.157	0.669 (0.284–1.575)	0.358
Cannabis	3 (42.9%)	4 (57.1%)	0.606 (0.124–2.965)	0.536	0.304 (0.031–2.947)	0.304
Treatment history				0.506		0.351
No	23 (34.8%)	43 (65.2%)	1(Ref)		1(Ref)	
Yes	31 (40.3%)	46 (59.7%)	0.794 (0.402–1.568)	0.506	0.690 (0.316–1.505)	0.351
Treatment motivation				0.700		0.603
External	23 (39.7%)	35 (60.3%)	1(Ref)		1(Ref)	
Self	31 (36.5%)	54 (63.5%)	1.145 (0.576–2.275)	0.700	1.229 (0.565–2.675)	0.603

(Ref) indicates reference category; ** significant at $p < 0.05$ level; *** significant at $p < 0.001$ level.

^a OR (95% CI) Odds-Ratio estimated by univariate (crude) logistic regression.

^b OR (95% CI) Odds-Ratio estimated by multiple (adjusted) logistic regression.

discrepancies between CAPS service content and care provided and the perceived needs and preferences of clients (Moll, Silva, Dias, & Ventura, 2012; Souza et al., 2011). Clearly, improvements to better align and connect patient needs and care provision are required in order to effectively retain/sustain clients in CAPS-AD care. Despite their community-based provision, logistical barriers – e.g., access to CAPS services by public transportation – may seem trivial but are materially relevant issues in a (primarily poor) client population (e.g., without access to personal transportation). Furthermore, the presence of reasons for treatment discontinuation were associated with both unemployment and higher education levels; for both of these groups – yet possibly different reasons – the aforementioned barriers may be particularly pronounced or relevant. In this respect our study results mirror findings regarding barriers to community-based treatment engagement or retention from other jurisdictions – for example, methamphetamine users in Australia or illicit drug users in England – and thus indicate cross-cultural themes and issues (Kenny, Harney, Lee, & Pennay, 2011; Stevens, Radcliffe, Sanders, & Hunt, 2008).

The present study has several limitations. First, it was based on a non-representative convenience sample of CAPS-AD attendees with data based on self-report measures. While data were collected by non-CAPS staff and treated confidentially, the circumstances of data collection (e.g., at the CAPS-AD facility) may have inserted perceived desirability dynamics into clients' responses; study measures may feature compromised validity. Due to design limitations, results are not generalizable to other CAPS-AD populations.

In sum, CAPS-AD services have expanded the availability of community-based substance misuse care in Brazil, although major unmet needs persist. While CAPS-AD services predominantly cater to lower socio-economic strata clients, more research is required on care trajectories and outcomes. Clients'

perspectives indicate important and substantive ways to improve CAPS-AD services.

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Conflict of interest statement

The authors declare that they do not have any conflict of interest.

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