

Clinical and socio-demographic characteristics of patients at a rehabilitation center for chemical dependency



Características clínicas e sociodemográficas dos pacientes de um centro de reabilitação para as dependências

Características clínico y sociodemográficas de los pacientes de un centro de rehabilitación para las adicciones

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ABSTRACT

Objective: Identify the socio-demographic and clinical characteristics of a sample of chemically dependent people undergoing treatment at a daytime ambulatory care center specialized in treating chemical dependency in Lima, Peru, and describe their dropout rates.

Method: Quantitative, descriptive, and exploratory study based on secondary data. The instrument used was the individual notification record from the information system for the treatment demand.

Results: The demand was composed mostly of young, single men who were unemployed or underemployed. The most common diagnosis was dependency on cocaine-based drugs and the age of the onset of use was between 15 and 19 years. The dropout rate was 85%, and 48% remained in treatment for only one day.

Conclusion: The results highlight important factors to be considered in the evaluation of public policies on prevention, treatment, and supply control. We recommend more inclusive and participatory public policies.

Keywords: Substance-related disorders. Drug users. Treatment centers for substance abuse.

RESUMO

Objetivo: Identificar as características sócio-demográficas e clínicas de uma amostra de dependentes atendidos num Centro de Atenção Ambulatorial Diurno, em Lima (Peru), especializado no tratamento de dependentes, assim como descrever suas taxas de abandono.

Método: Estudo quantitativo, descritivo e exploratório baseado em dados secundários. O instrumento utilizado foi a ficha de notificação individual do sistema de informação da demanda de tratamento.

Resultados: A demanda foi majoritariamente de homens, jovens, solteiros e desempregados ou em situação de subemprego. O diagnóstico mais empregado foi o de dependência de drogas à base de cocaína, e a idade de início de consumo situou-se entre 15 e 19 anos. A taxa de abandono foi de 85%, 48% permaneceram no tratamento apenas um dia.

Conclusão: Os resultados destacam importantes fatores na avaliação das políticas públicas referentes à prevenção, ao tratamento e ao controle da oferta. Recomendam-se políticas públicas que sejam mais inclusivas e participativas.

Palavras-chave: Transtornos relacionados ao uso de substâncias. Usuários de drogas. Centros de tratamento de abuso de substâncias.

RESUMEN

Objetivo: Identificar las características sociodemográficas y clínicas de una muestra de dependientes atendidos en un Centro de Atención Ambulatoria y de Día en Lima-Perú, especializado en tratamiento de personas dependientes y describir sus tasas de abandono.

Método: El estudio cuantitativo, descriptivo, exploratorio, basado en datos secundarios. El instrumento utilizado fue la ficha de notificación individual del sistema de información de demanda de tratamiento.

Resultados: Se encontró que la demanda era en su mayoría varones, jóvenes, solteros y sin empleo o subempleados. El diagnóstico más utilizado fue la adicción a las drogas cocaínicas y la edad de inicio del consumo fue entre 15 y 19 años. La tasa de abandonos fue del 85%, 48% permaneció en tratamiento un día.

Conclusión: Los resultados destacan factores importantes para evaluar políticas públicas en materia de prevención, tratamiento y control de oferta. Recomendamos que las políticas públicas sean más inclusivas y participativas.

Palabras-clave: Transtornos relacionados con sustancias. Consumidores de drogas. Centros de tratamiento de abuso de sustancias.

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■ INTRODUCTION

Approximately seven in every ten people from 12 to 65 years of age who live in Lima, the capital of Peru, reported having consumed a legal drug in the year 2010.⁽¹⁾ The same study indicates that 4.8% of the national population has used an illegal drug in their lives and that the number of users in 2010 was 180,700. The addictive potential of illegal drugs is also described by this study, which indicates that 58,556 people have signs of dependence on marijuana, 23,852 on cocaine, and 33,280 on cocaine paste (*paco*). These signs were determined based on the criteria in the International Classification of Diseases (ICD-10).

In another analysis performed by the National Commission for Development and a Drug-Free Life (DEVIDA – *Comisión Nacional para el Desarrollo y Vida sin Drogas*), it was found that the number of users who required specialized treatment due to use of illegal drugs was 85,000. For legal drugs, the same analysis identified that 12.1% or 1,000,300 people who consume alcohol required specialized care.⁽²⁾

The public health services in Peru present a limited offer for dealing with mental health disorders, including those related to substance use. This limitation includes an inadequate decentralization of the services, lack of specialized training of the professionals, and problems in the reference and counter-reference procedures. The offer specialized in disorders related to substance use is concentrated mainly in three psychiatric hospitals in Lima, which have units specifically for chemical dependency and that provide hospitalization, with a total of 163 beds.⁽³⁾ In addition, there is also this type of specialized service in the social security care network and health hospitals for the military and police forces, but in lower proportions, since the Ministry of Health of Peru (MINSA – *Ministerio de Salud del Perú*) covers approximately 85% of the general health offering.^(3,4)

On the other hand, in the private sector, the offer is centralized in therapeutic communities and there are no official records of the number of these centers in operation on the national level. Despite the knowledge that a great portion of them are not formalized, it is estimated that in general these centers offer approximately 2,900 beds nationwide.^(2,5)

Based on this data, it can be seen that there is a large deficit of specialized services for treating these cases, which is partially explained by the limited budget assigned to the health sector, which covers only 22% of the total cost of this issue; therefore, it can be inferred that almost 80% of the expenses are directly undertaken by the families.⁽²⁾

One of the most serious issues regarding treatments for disorders related to the use of psychoactive substances (PS) is the effectiveness of the treatments. It is sufficiently

documented that treatment fails or is abandoned at rates of 60 to 80%, which are higher than those for other mental health treatments for inpatients and outpatients.^(6,7)

In the scientific literature, there are studies performed in various contexts and with methodological focuses that have linked the abandonment of treatment with factors related to the individual (psychosocial, cultural, attitude, clinical characteristics of dependency, and comorbidities), with the substance or presence of other substances concomitantly, as well as other factors such as the type of therapy or context of care.⁽⁷⁻⁹⁾

An important find that has been reported is that maintaining or finalizing treatment has great predictive value for the results of the intervention. In other words, it can be observed that abandonment of treatment follows a bad prognosis, especially if it is premature abandonment – that is, before three months of adherence. Thus, adherence for longer than six months has been associated with the reduction of use. However, despite the fact that adherence can be considered an indicator of efficacy, the other variables that may interfere in this result must be further studied.⁽¹⁰⁾

An appropriate prognostic evaluation based on the knowledge of the factors associated with abandonment of treatment is greatly important in clinical work, not only because of its practical implications, but also due to the ethical component present in the interventions that must be guided both by the patient's improvement and by the lower expenditure of time, effort, and resources.

There are no studies in Peru regarding the dropout rates for treatment of chemical dependency. Although the experience in clinical work makes us suspect that the tendencies are similar to those reported in other countries, further scientific research must be performed regarding the very aspects of this reality, such as the influence of certain variables associated with the adherence and dropout rates.

Thus, the objective of this study is to present the socio-demographic and clinical characteristics of a sample of chemically dependent individuals undergoing treatment at a daytime ambulatory care center specialized in the treatment of dependencies (CADES – *Centro de Atención Ambulatoria y de Día para Consumidores y Dependientes de Sustancias Psicoactivas*) in the city of Lima, Peru. In addition, it also aims to describe the rates of abandonment of treatment registered in the abovementioned sample.

■ METHOD

This is a quantitative, descriptive, exploratory, cross-sectional study based on secondary data. The sample was

composed of the registry of people that sought treatment at the CADES-Callao service for dependencies during the year 2011. This treatment center is part of a total of 11 public and private services in Lima that register their treatments in the Information Network on the Demand for Treatment concerning Abuse or Dependency on PS (RIDET – *Red de Información de Demanda del Tratamiento por abuso o dependencia de sustancias psicoactivas*) and that is comprised of seven therapeutic communities, another three services linked to MINSAs, and one managed by the Public Charity of Callao: CADES-Callao.

All these services have reported this data since 2005. Of all of them, only CADES-Callao has maintained regular registration of the cases uninterruptedly since the implementation of this information system. The province of Callao is located at the center of the west zone of Lima, the capital of the country, and has a population of approximately 955 thousand inhabitants, making it the province with the highest population density, totaling 6,500 inhabitants per square kilometer.⁽¹⁰⁾

The cases are reported to the Peruvian Drug Observatory (OPD – *Observatorio Peruano de Drogas*), the current administrator of the information system. To do so, the following instruments are used: Individual Notification Form (INF) and a public web application. The INF is the physical register of the information on the clinical history of the patients and uses a pseudo-anonymization resource, coded in an irreversible identification algorithm that fulfills the confidentiality criteria proposed by the World Drug Use Evaluation Program, and with SIDUC, the Inter-American System of Uniform Data on Drug Abuse by the Inter-American Drug Abuse Control Commission – Organization of American States (CICAD-OAS).^(11,12) The web application processes the results of the new cases. The database generated is also available for public access under the protection of the Peruvian Law on Transparency and Access to Public Information, Law 27806/2002. In addition, for this study, authorization was requested from the coordination of the OPD.

The sample was composed of 62 cases that fulfilled the inclusion criteria of a total of 108 people who received care. Eight entries on care for people with an exclusive diagnosis of ludopathy (addiction to gambling) were excluded, as well as 38 on routine care for patients or family members who did not provide sufficient information to complete the INF. The inclusion criteria were: an INF in the period of January 1st to December 31st, 2011, and a diagnosis of abuse of or dependence on psychoactive substances according to the criteria of the ICD-10.

The 62 individual notification forms were completed and inserted in the web application by the staff at

CADES-Callao, who are periodically trained for this activity by the OPD. The information is communicated monthly to the OPD for validation of the entries. The instrument collects the following information: socio-demographic characteristics such as sex, age, place of birth, place of residence, marital status, employment status, education, type of residence, family history of drug use, and legal background; clinical characteristics such as date of demand for treatment, diagnosis according to the ICD-10 criteria, type of treatment recommended, referral source, previous treatments, substances of problematic use, age at the start of use, frequency of use, main use method, presence of dependencies without substances, related medical problems, problems with domestic violence.

As for the ethical aspects, we highlight that the publicly accessible database was used and the authorization of the OPD was requested as the administrator of the information system. The patients' admission date, which is not part of the entries in the instrument analyzed, was obtained from the final report on the annual entries through a list indicating each date associated with the pseudo-anonymization code in the RIDET record.

The data were inserted in an Excel spreadsheet and were analyzed using descriptive statistics and measures of dispersion.

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■ RESULTS

Socio-Demographic Characteristics

The minimum and maximum ages for the sample were 15 and 66 years, respectively. The young people between 15 and 24 years of age comprised 33.9% of the sample, followed by young adults between 25 and 34 years of age, at 30.6%. As for the gender of the sample, 52 of the cases (83.9%) were men and 10 (16.1%) were women. Most were single (61.3%), while 37.1% were unemployed and 30.6% had temporary jobs or studied at courses (19.4%). They mainly had complete or incomplete high school education levels, both reaching 75.8%.

The treatment service mainly serves residents from the districts of Callao (77%). For the type of residence regis-

Table 1 – Socio-demographic characteristics of the patients of the service for treating chemical dependency.

Variable	n = 62	%
Gender		
Male	52	83.9
Female	10	16.1
Age		
15-24	21	33.9
25-34	19	30.6
35 to 44	11	17.7
45 or more	11	17.7
Marital Status		
Single	38	61.3
With partner	22	35.5
Divorced/widowed	2	3.2
Employment Status		
Stable job	3	4.8
Temporary job	19	30.6
Unemployed	23	37.1
Student	12	19.4
Retired	1	1.6
Homemaker	4	6.5
Education Level		
Elementary	6	9.7
High school	47	75.8
Technical college	5	8.1
University	4	6.5

Source: CADES Callao, Lima, Peru – 2015.

tered at the time of demand for treatment, 95.2% of the people were living in a house, and there was only one case of a person who lived on the street. A total of 48% lived with their parents and 38.7% lived with their partners and/or children.

For 38.7% of the patients, the referral source for treatment was a family member, while 6.5% of them sought treatment spontaneously. As for the type of treatment recommended by the professional who evaluated the case, for 48% of the patients, semi-residential treatment was recommended. The entries showed that five people reported history with the police and one had a criminal record.

As was observed, 38.71% had family history of use, of which, one in every two patients came from a family back-

Table 2 – Characteristics of personal history and health-care variables of the service for treating dependencies.

Variable	n = 62	%
Habitation		
Alone	4	6.5
With partner/children	24	38.7
With parents	30	48.4
Other	4	6.5
Legal Background		
Police	5	8.06
Criminal	1	1.61
Referral Source		
Personal initiative	4	6.45
Family	24	38.71
Friends	13	20.97
Other	21	33.87
Type of Treatment Recommended		
Outpatient	19	30.6
Semi-residential	30	48.4
Inpatient	13	21.0
History of Use		
Father	11	17.7
Mother	4	6.5
Sibling	6	9.7
Other	3	4.8

Source: CADES Callao, Lima, Peru, 2015.

ground with a father who used substances, while one in four cases identified the mother as the family member with problematic use.

Clinical Characteristics

The most widely used psychoactive substances were the illegal substances, mainly cocaine-based drugs (35.5%), which include basic cocaine paste (11), cocaine hydrochloride (7), and mixed or basic paste laced with marijuana (4). Secondly, but very closely, followed marijuana (33.9%), and in third place was alcohol with 17 cases (27%).

Most subjects were diagnosed as dependent (87.1%), where 11 cases or 17.7% registered at least one previous treatment for the same substance. The age of the beginning of treatment was mainly between 15 and 19 years of age (48.4%).

Table 3 – Clinical characteristics of the patients of the service for treating chemical dependency.

Variable	n = 62	%
Main Drug		
Alcohol	16	25.8
Cocaine-based substances*	22	35.5
Marijuana	21	33.9
Other†	3	4.8
Diagnosis		
Abuse	8	12.9
Dependency	54	87.1
Age at Beginning of Use		
12 to 14 years	11	17.7
15 to 19 years	30	48.4
20 to 19 years	8	12.9
25 or older	13	21.0
Frequency of Use		
1 to 2 times per week	12	19.4
3 to 4 times per week	37	59.7
5 to 7 times per week	13	21.0

Source: CADES Callao, Lima, Peru, 2015.

* Basic cocaine paste (BCP), cocaine hydrochloride, BCP with marijuana, † Tobacco, inhalants, and antidepressants

As for the frequency of use, in all cases it was found that the drug was used weekly, mainly three to four times per week (59.7%), while daily use was registered in eight cases (12.9%).

It was found that 48.8% abandoned treatment immediately on the first visit to the service, 19.4% remained in treatment for a week, and only 9.7% remained for more than three months in treatment with an initially predicted duration of approximately nine months. The modality of treatment indicated for the cases attended was mainly ambulatory, and only 14 people (22.6%) were transferred to the daytime or semi-residential clinic.

As for departures, the rate of abandonment registered was 85.5%. Two people received administrative leave, which were users expelled from treatment for non-fulfillment of the norms (smoking on the premises of the service). At the end of the period, it was found that seven cases (11.3%) of the patients continued treatment, and for these no therapeutic leave was registered. However, during the year three therapeutic leaves were granted corresponding to patients that began treatment during the year 2010.

Table 4 – Clinical characteristics of the patients' departure from services for treating dependencies.

Variable	n = 62	%
Treatment Time		
1 day	30	48.4
2 to 7 days	12	19.4
More than 1 week to 1 month	5	8.1
More than 1 month to 3 months	9	14.5
More than 3 months or more	6	9.7
Type of Treatment Used		
Ambulatory	48	77.4
Day clinic	14	22.6
Condition of Departure		
Dropout	53	85.5
Administrative release	2	3.2
Continuation	7	11.3

Source: CADES Callao, Lima, Peru – 2015.

Table 5 – Time of treatment of the patients at the service for treating chemical dependency.

Substance	Days (Average)	Median
Alcohol	39	1.0
Cocaine-based	24	1.5
Marijuana	37	9.0
Other	1	1.0
Total	31	2.0

Source: CADES Callao, Lima, Peru – 2015.

It was found that the average of days of adherence to treatment was slightly higher in the case of the alcoholics (39 days) than for patients being treated for marijuana use (37 days). However, the median for the case of marijuana was much higher than that of other substances (9) days.

■ DISCUSSION

The results obtained based on a convenience sample did not aim to recognize the generalized profile of the population demand; however, specific characteristics of a demand can be recognized in a certain context. Thus, we did not infer the magnitude of the problem, but the ways this problem is presented.

The sample has a demographic distribution similar to that previously described in studies performed in Lima⁽¹⁾ and studies in other countries, where the predominance of the male gender is similarly observed.⁽¹³⁻¹⁵⁾ The average age was 31 years, which corresponds to young patients, mostly under 34 years of age, similarly to that found in other studies with national samples.^(11,16-17) This is also comparable to the age observed in other populations such as the North American and European populations, which is around 30 years.⁽⁶⁾

Sixteen percent of the sample was women; however, it is important to note that at this point there are not sufficient studies in national samples that allow some comparison to be made, since the differences can be associated with the accessibility of the services and with the specific orientation they have.

It was also noted that the education level was predominantly that of high school, 75% had undergone at least one year of high school (19% reported they were currently studying at the time of admission). This corroborates with the official data of local education which indicate that 52% of the population have completed secondary studies.⁽¹⁰⁾ However, as for the level of higher education, there are differences when compared with the data of the general population, which indicate that 33.1% have higher education, which represents and indicative of less than 50% in the sample studied.

The sample showed that 37% of the subjects were unemployed – a value seven times higher than the local rate of 6.82% estimated for the general population in the same year.⁽¹⁰⁾ On the other hand, a high level of single people were identified (61%), despite the fact that only 6% lived alone and 48% lived with family members or parents, which evidences the situation of economic dependence for subsistence (housing, food).

It was noted that the motivation for seeking treatment was mainly oriented by family members of the patient (38%) or by friends (20%), while spontaneous pursuit was very low (6%). The home environment may be related to the low rates of spontaneous search for help, and, inversely, with the fact that it is the family members who urge the patient to seek help, as they are the first to be affected by the consequences of problematic drug use in the family environment.

One in every three patients had a family history of use, mainly that of the father (17%). Over two thirds of the sample were referred to semi-residential or inpatient treatment, which converges with the high rate (87%) of people diagnosed as dependent, which also shows an elevated level of complexity of the cases undertaken.

The main substance identified was the cocaine-based drugs, followed very closely by marijuana (35% and 34%, respectively), while the cases of alcoholism reached 25% of the demand. There was no diagnosis of poly drug use, differing from other samples studied. However, in 17 cases, problematic use of a secondary substance was identified. We highlight that in the cases diagnosed as abuse or dependency on illegal substances, alcohol had an important implication as a secondary substance. The instrument used did not allow a diagnosis of problematic use of a second substance to be identified. For this reason, the results may be hiding a diagnosis of poly drug use.

The age at the start of use was lower than in other samples – almost half of the cases in progress were 15 to 19 years of age, with a minimum age of 12 and maximum age of 35 years, and an average of 18.5 years of age, which is lower than the population average, where over 50% are around 16 to 22 years old.⁽¹⁾ It is worth noting that almost a fifth of the sample started use at a very young age, between 12 and 14 years, which has to do with the precocious process of developing dependency.

Another aspect related to the high rates of diagnosis of dependence found is related to the high frequency of use registered in the cases: over half of the subjects used the drug three to four times per week and 21% of them used it daily or almost every day. In addition to these findings, it was identified that almost two thirds of the patients presented substance use through the lungs, and in smaller proportion, orally, which can also be associated with the potential for dependency on substances. Apparently, the less complex cases were not arriving at the appointments and, in this regard, it is more important to decrease the gaps in accessibility to the service.

A dropout rate of 85% of the cases was found. In addition, it was observed that almost half of the cases used the service for one day and only 10% remained for over three months. Few people (21%) were transferred to the day clinic – a level reached in the second stage of the treatment program, when there are already established adherence criteria. This stage has a duration of approximately nine months.

When the entries were completed (December 31st, 2011), 11% of the cases that were considered apt to continue treatment were of patients with adherence time longer than three months and who were receiving treatment at the day clinic. These results justify the implementation of better healthcare models that are oriented towards the therapeutic adhesion of the patients both in admittance and maintenance of the therapeutic process.⁽¹⁷⁾

Based on these results, five main needs related to the public policy of Peru stood out, namely: 1) greater partici-

pation in the strategies for reducing the social vulnerability of the individuals who use psychoactive substances, given the prevalence of unemployed patients; 2) emphasis on treatment approaches that include family, since the patients have a family history of use and also have their family members as supporters in treatment; 3) greater efficacy in focused preventative actions, mainly for children and adolescents; 4) analyses and reformulation strategies for controlling supply, especially due to the fact that cocaine corresponds to the substance used by most of the people who seek treatment; 5) evaluation and reformulation of the treatment proposed, since the patients have a low adherence rate.

Regarding these aspects, the latest National Strategy to Fight Against Drugs in Peru foresees specific actions considering the following themes: alternative, comprehensive, and sustainable development for vulnerable families that survive by cultivating coca; prohibition and sanction of planting and commercialization of drugs, as well as apprehension of chemical products as strategies for controlling supply; prevention in schools and creation of "Care Networks for Alcohol and Drug Use Problems" for rehabilitation.⁽¹⁸⁾

However, the success of these actions can be impaired due to the prescriptive nature of the directives, since, in general, public authorities have invested little in improving the cultural aspects of the local communities and in the process of participation for formulating the directives. These aspects have been identified as relevant for the efficacy of the mental healthcare services.⁽¹⁹⁾

Therefore, the results of this study bring to light the fact that it is necessary to discuss not the construction of new public policies, but the means by which they can be more effectively operationalized, mainly through more inclusive proposals, considering not only the global recommendations in the fight against drugs, but also valuing and prioritizing local specificities.

■ CONCLUSION

A high dropout rate was identified, totaling 85% of the cases. Concomitantly, single-day adherence to treatment corresponded to 48% of the cases undertaken. The socio-demographic characteristics described by other investigations and by the statistics of use in the general population do not differ significantly with regard to the data analyzed in this study; however, there are differences when compared to studies on an international level.

The high rate of dependency diagnoses reveals that the service is receiving cases of greater complexity, the profile for which corresponds to young male patients,

unemployed or underemployed, with a high school education, diagnosed as dependent on cocaine-based drugs with a high weekly frequency of use and a family history of drug use.

The problem with the offer of specialized services for treating dependencies is not only that the deficit of service coverage requires the offer to be amplified, but also that it is necessary to identify the aspects that favor abandonment of treatment (which generates additional costs) in the services currently offered. If the service offering is eventually amplified, efficient and resolutive political strategies that deal with this problem will be necessary.

Among the limitations of this study, we point out that because only a treatment service was included in the sample, the results cannot be generalized and a panorama of the characteristics of the population studied cannot be established, since, despite allowing a tendency to be identified, this tendency would have to be validated by later studies. In addition, the use of other statistical tests in addition to the descriptive statistic could provide relevant information on the variables with associated factors.

There are no recent studies on the characteristics of the demand for treatment at services for dependency on drugs; the date of the last national study corresponds to approximately 20 years ago, and, in this regard, the therapeutic approach must contemplate the dynamism of drug use tendencies. The RIDET information system for the treatment demand is potentially useful to make this type of analysis possible; however, the content must be broadened and the quality of the indicators generated must be improved.

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