

The Physical Education Professional's Insertion in the Recovery Plan for Resident Addicts in the Campo Grande Therapeutic Communities – MS

Raphael de Souza Cosmo (Corresponding author: rafa-mig@hotmail.com)

Municipal Education Network of Campo Grande (REME)
Campo Grande, Mato Grosso do Sul – Brazil.

Gildiney Penaves de Alencar

Master's Degree Program in Health and Development in the Midwest by the Federal University of Mato Grosso do Sul (UFMS)
Campo Grande, Mato Grosso do Sul – Brazil.

Lúcio Barbosa Neto

Master's Degree Program in Movement Sciences in the Federal University of Mato Grosso do Sul (UFMS)
Campo Grande, Mato Grosso do Sul – Brazil.

Cristiane Martins Viegas de Oliveira

Masters Program in Local Development with a focus on Human Rights at the Catholic University Dom Bosco (UCDB)
Campo Grande, Mato Grosso do Sul – Brazil.

Thiago Teixeira Pereira

Master's Degree in Health Sciences at Universidade Federal da Grande Dourados (UFGD)
Dourados, Mato Grosso do Sul – Brazil.

Luis Henrique Almdeida Castro

PhD in Health Sciences Graduate Program at Universidade Federal da Grande Dourados (UFGD)
Dourados, Mato Grosso do Sul – Brazil.

André da Silva Dias

Lecturer in Physical Education at the Dom Bosco Catholic University (UCDB)

Abstract

Physical activity can be used as a strategy in the recovery of addicts, especially in activities focused on education and leisure since it helps to control stress and anxiety. Thus, the objective of this study was to analyze the insertion and to verify the acceptance of the Physical Education professional in the recovery process of addicts living in the seven therapeutic communities in the city of Campo Grande (Capital of the State of Mato Grosso do Sul, Brazil). To achieve this objective, the coordinators and resident monitors

answered a semi-structured questionnaire prepared by the researchers, consisting of 10 questions, 6 objectives in which the participants indicated the level of importance in relation to the inquiry and 4 subjective questions with the intention of investigating the modalities of physical activity most practiced in Therapeutic Communities (TCs) and other pertinent subjects. The results showed that the participants think it is very important to perform physical activity in the treatment of addicts and believe that the presence of the Physical Education professional to conduct such activities is also valid. In the CTs with this professional (n=1) the activities mentioned were weight training, soccer and stretching while in the others (n=6) running, stretching, walking, soccer, volleyball, workout gymnastics and group games were described. It was concluded that there is a very positive inclination toward the acceptance of the physical education professional in the recovery plan of addicts even in communities where there is no presence of this professional acting.

Keywords: Drug Addiction; Physical Activity; Therapeutic Community.

1. Introduction

Currently, the subject “drugs” is a constant in the media, where debates focus from repression to trafficking, educational approaches, risk of AIDS transmission through injecting drug use, to a new focus of discussion, the discrimination of drug use.

In a survey conducted by the National Anti-Drug Secretariat in 2001, a prevalence of 19.4% of people who have used drugs in their lives was found, not counting tobacco and alcohol use (BRAZIL, 2002). During the second survey conducted by the same secretariat in 2005, this number increased to 22.8% (BRAZIL, 2006), maintaining the average of 22% in the most recent investigation of 2015 (BRAZIL, 2019).

There is still a taboo among people when it comes to the subject of “drugs” many have prejudices or fear of commenting on the subject, but few people have the knowledge of the existence of Therapeutic Communities (TCs) to assist in the treatment and recovery of these people who have some kind of chemical dependency.

The specific objective of TCs is to lead their assistants to suspend drug use, from a subjective transformation, induced by a set of practices and activities carried out in a context of social isolation and total abstinence from drugs. They are configured as temporary collective residences, in which individuals must enter voluntarily and remain there for extended periods (generally nine to twelve months) with a group of people under the same conditions and supervision of monitors, treating mainly addicted individuals (SANTOS, 2018).

An addict is defined as a person who is sincerely prone to a particular practice—a belief, an activity, a job—or a supporter of certain principles, and has greater use in the English language, which can also be interpreted as an addict (IMESC, 2009).

Another term used in this medium that can be understood as synonymous with addiction is drug addiction, characterized as physiological dependence, psychological dependence, family dynamics, behavioral problems, and morality (NARCOTICS ANONIMOS, 1995).

CTs represent one of the models of care for people with disorders arising from the use of psychoactive substances (SPAs). They are present not only in Brazil, but in several other countries. This model has

developed and spread from civil society initiatives, often articulated to religious organizations. Thus, these institutions bear a certain resemblance to other organizations that, throughout history, have provided welfare services to people in situations of social vulnerability – shelters, philanthropic hospitals, among others – based on the Christian precepts of charity and solidarity (SANTOS, 2018).

There are several factors that can trigger drug addiction, and it is necessary to act in different areas in their treatment, and one of them is body practices. The Physical Education professional has a fundamental role in the inclusion of those students who are often shy, rebellious or disinterested, since they carry out the inclusion of these individuals in activities that require social relationships, filling that void that was only filled by drug use (PIMENTEL; OLIVEIRA; PASTOR, 2008).

In this model, the practice of physical activity can be used as a strategy to contribute to recovery, especially activities aimed at education and leisure, since it contributes to the control of stress and anxiety. Through physical-sport activities, knowledge about their health benefits can be worked out and discussed and taken into the lives of addicts after rehabilitation (PIMENTEL; OLIVEIRA; PASTOR, 2008).

It is also important to mention that “the right to give up is reserved to the person being treated, without any kind of constraint” (BRAZIL, 2002, p. 85), however, with the insertion of physical activities this is believed to occur in smaller numbers.

Considering the high dropout rate of addicts entering the recovery program residing in the therapeutic communities of Campo Grande, MS, and certain of the benefits of physical activity in the treatment of addicts, the objective of this study was to analyze the insertion and verify the acceptance of the Physical Education professional in the recovery process of addicts residing in the therapeutic communities of Campo Grande - MS.

2. Methodology

After a scientific bibliographic search on the subject, logistic research and ethical procedures, the work was developed with a mixed study plan: field research (qualitative, descriptive type) and application of a semi-structured investigative survey (quantitative, cross-sectional), being executed concomitantly. This mixed typology was chosen in order to allow a reliable report of the facts and occurrences of the reality of each CT in order to expose the characteristics of this public and their relationships with the variables studied (GIL, 2008).

Under the authorization of the site and formal presentation of the representatives of the study, it was established the contact with the coordination of the seven CTs of the city of Campo Grande (State of Mato Grosso do Sul, Brazil), by telephone, in order to present the research, schedule an initial meeting and define the intervention schedule. In parallel, the field research was conducted through direct observation of the activities of each group and their interaction with their informants in order to capture the explanations, abstractions and personal interpretations that occur in the factual routine of each TC (GIL, 2008).

Given the tangentially sensitive public served by these communities, it was decided to apply the investigative inquiry only with the coordinators and resident monitors of each center, through the science and prior signature (in two copies) of the Term of Free and Informed Consent (TCLE), as determined by the National Health Council through Resolution 466/12 (BRAZIL, 2012).

A semi-structured questionnaire was used, elaborated by the researchers based on an ample scan of the current scientific literature on the theme, composed of 10 questions, being 6 objectives in which the participants indicated the level of importance in relation to the inquiry and 4 subjectives in the intention of investigating the modalities of physical activity most practiced in the CTs and other pertinent subjects.

The written record of the field observation (made with prior authorization from each community) was used to define the intervention method and subsequent treatment of the information collected. The tabulation of quantitative data from the questionnaire was designed to compare CTs between those provided by the physical education professional (n=1) and those lacking this professional attention (n=6). For their respective interpretation, the data were grouped into sets of similar answers and analyzed in order to expose the contents in question according to the objectives proposed in this study.

Also respecting Resolution 466/12 of the National Health Council of Brazil, the Cover Letter, the signed TCLE and the original copies of each survey answered will be stored for a period of five years under the responsibility of the corresponding author of this article and are available to anyone of interest.

3. Results

In general, regardless of whether or not the physical education professional is on the multidisciplinary team within the Therapeutic Communities (TCs), participants believe it is very important to conduct physical activity in the treatment of addicts and believe it is also very important for the physical education professional to conduct such activities (Chart 1).

Regarding the activities practiced in the TCs, weight training, soccer and stretching were mentioned in the TC that has the Education professional, while in those that do not have this professional the participants reported running, stretching, walking, soccer, volleyball, workout gymnastics and group games (Chart 2).

Chart 1. Answers to the objective questions

Questions	Therapeutic Communities	
	With physical education professional	No Physical Education Professional
1. How important is physical activity in your opinion?	Very important	Very important
2. How much can a physical activity designed by a physical education professional help with the treatment plan for addicts?	Very important	Very important
3. How important is it to have a Physical Education professional in the Therapeutic Community?	Very important	Important
4. How often do addicts engage in physical activity or recreation each week?	3 times	2 to 3 times

5. In your opinion, what would be or will be the acceptance of the physical education professional by addicts?	Very important	Very important
6. As for the treatment plan, what would be or will be the acceptance of the physical education professional seen by the board?	Very important	Important

Source: Prepared by the authors.

Chart 2. Answers to subjective questions

Questions	Therapeutic Communities	
	With physical education professional	No Physical Education Professional
7. What modalities are most practical for addicts in the Therapeutic Community?	Stretching, Weightlifting, Soccer.	Running, Stretching, Walking, Soccer, Volleyball, Workout Gymnastics, Group Games.
8. For you, which activity is more important in treatment, physical activity or labor therapy?	Guided physical activity, where the student has the professional guidance	Both, each with its own importance.
9. Do you believe you had any addict withdrawal linked to lack of physical activity?	No, in general they seek physical activity with aesthetic objectives.	Most CTs answered no, but one reported yes.
10. What is the biggest cause of the addict giving up in CT?	Many believe they are ready ahead of time.	The biggest cause is the lack of qualified professionals in CTs.

Source: Prepared by the authors.

4. Discussion

Regarding the importance of physical activity, there was a consensus that is very important in the recovery plan. About the Physical Education professional in a Therapeutic Community in the view of addicts was also considered important, because many have an interest in the practice of aesthetic and wellness oriented activities, however, many of them do not have a professional due to lack of resources and others prefer to

give option only to the spiritual area, but if they had the incentive of the government providing this professional, they would have no problem in accepting them, being part of the treatment of addicts.

In the CT that has the physical education professional present, the importance of the presence of the professional accompanying the practice and the addict's trust in the professional was mentioned. Regarding the acceptance of the professional, the TCs see with good eyes the presence of a physical education professional as an important component of a multidisciplinary team, and according to the coordinator of one of them, it was mentioned that to characterize a therapeutic community, there is an obligation to have a multidisciplinary team inserted in the plan of treatment of addicts, whose team must be formed by a professional in the area of nutrition, a psychologist, a physical education teacher, among others (RODRIGUES, 2018).

Among the most accomplished practices in the CTs, soccer has great prominence for being a national passion and knowledge of all, which is seen more as leisure, however, according to coordinators and monitors, if they had a Physical Education professional would be valid the insertion of other disciplines such as stretching, workout gymnastics, exercises with weight, group games among other practices. This would facilitate the future insertion of these recovering addicts into society and make it clear that recovery is not done alone, but with everyone's help so that it is accepted into society, the teacher being a mirror and a source of inspiration.

Regarding the importance of physical activity oriented and labor therapy (occupational therapy) in the general context, according to the coordinators of CT's both activities have their importance in treatment, health-oriented physical activity generates benefits that help in the prevention and control of diseases, being important for the reduction of mortality added to them (WORLD HEALTH ORGANIZATION, 2018), which shows that a small change in living habits is able to generate a broad improvement in health and quality of life.

As for mental health, regular physical activity helps in the control of substances related to the nervous system, improves the flow of blood to the brain, helps in the capacity to deal with difficulties and stress, and labor therapy also has an auxiliary role in the detoxification process. The individual in contact with the sun, earth, rain, plants and animals provide a healthy interaction with nature. Occupation with horticulture, gardening, weeding, and others, causes the addict to have constant and moderate physical activity and, consequently, gradual elimination of toxins from the body. (SUPPORT CENTER REHABILITATION AND THERAPY FOR THE CHEMICAL DEPENDENT, 2015).

Regarding the withdrawal from the plan due to lack of physical activity, most did not answer the real objective of the question, only one was able to answer it saying yes to withdrawal from the plan due to lack of oriented physical activity and the participant of the TC who has the Physical Education professional answered yes, because due to the observations made by him during his time in the TC, many resident addicts looked for oriented physical activity, believing that before his insertion in the place some of the withdrawals took place due to lack of oriented physical activity.

Regarding the withdrawal from the recovery plan in a general context, it was mentioned that the main cause is the addict's belief that he is ready for life outside TC without mutual help, the disease itself and the lack of qualified professionals inserted in TCs and the lack of resources and financial incentives for them.

For professionals who work in this environment, when they have cases of addiction, their main goal is to

try to recover their mind as much as possible because it is they who will be their guide during and after their recovery, as well as work with their family members to make sure they are prepared to help the addict. The physical education professional's intervention should not only be limited to the simple excretion of catabolics and drugs. It should also take into consideration individual, sentimental and psychological aspects of each person. So, physical activity, whether recreational, adventurous, or expressive with the addict, is about getting the skin to receive, caress, breathe, and relate to the environment and other individuals. These possibilities are seen as multiple ways for this skin-territory to communicate with and act upon exteriority, and to inform interiority about sensations such as: tension, pain, pleasure, pressure, cold, heat, or vertigo (PIMENTEL, OLIVEIRA, PASTOR, 2008).

Barbanti (2012) mentions that physical exercise, when well directed and based on scientific parameters, acts as an important therapeutic link for intervening in the patient's body during the whole recovery process. The transformations the physicist goes through have a direct relation with the improvement of self-esteem, a release during and after the exercises of substances responsible for the sensation of pleasure as well as improving the mood.

Chemical dependency (DQ) causes destruction in emotional and physical well-being and in general, those who abuse drugs tend to neglect their bodies and important health components on a daily basis, including proper nutrition and essential exercises. Part of the treatment is to repair the damaged connection between the body-mind and invest in the physical and psychological aspects that are so important in restructuring the addict in society.

5. Conclusion

There is a vision for acceptance of the physical education professional in the recovery plan for addicts that is very positive even in communities where there is no physical education professional present.

In the community where there is a physical education professional, he is seen as an example to follow and collaborates on both the physical and psychological aspects and seeks to help each and every addict who comes looking for him or her, respecting their limits and physical abilities.

Another important point was the benefits of regular physical activity, as those responsible for Therapeutic Communities are aware of its importance in disease prevention and health promotion, but due to the scarcity of resources, projects, and public policies focused on this field, communities no longer include Physical Education professionals.

Regarding the withdrawal of recovery plans by addicts among communities, it is noted that the plan is withdrawn due to the lack of physical activities of those who were already physically active before being inserted in recovery, but are mentioned as one of the main factors of withdrawal the disease itself (abstinence from the drug).

Finally, the practice of physical activity is important for those who are inserted in a recovery plan of addiction being it aerobic or non-aerobic, since it stimulates both psychological aspects and the physical aspect. However, physical activity is not the miracle cure for all illnesses, nor the physical education professional the savior of the world, the same needs to work together with a multidisciplinary team, because addiction is a multifactorial disease and many aspects need to be worked on.

6. Acknowledgement

The authors report no conflict of interest of any kind.

7. References

BARBANTI, Eliane Jany. The importance of exercise in the treatment of chemical dependency. *Educação Física em Revista*, v. 6 n. 1, p. 1-9, 2012. Available at: <<https://portalrevistas.ucb.br/index.php/efr/article/view/3005>>

BRAZIL, Ministry of Health. National Health Council. Resolution n. 466, of December 12, 2012. Approves guidelines and regulatory norms for research involving human beings. Brasília, *Diário Oficial da União*, Dec 12, 2012.

BRAZIL, Ministry of Health. National Anti-Drug Secretariat. National Health Surveillance Agency - ANVISA. Minimum requirements for the operation of care services for people with disorders arising from the use or abuse of psychoactive substances. Brasília: SENAD/ANVISA, 2002. Available at: <http://bvsmms.saude.gov.br/bvs/publicacoes/cd08_05.pdf>

BRAZIL. Ministry of Health. III National Survey on Drug Use by the Brazilian Population: Complementary Documentation II - Version January 2019. Oswaldo Cruz Foundation (FIOCRUZ), 2019. Available at: <https://www.arca.fiocruz.br/bitstream/icict/34614/4/III%20LNUD%20Suplemento_II.pdf>

BRAZIL. National Anti-Drug Secretariat. I Home Survey on Psychotropic Drug Use in Brazil: Study involving the 107 largest cities in the country: 2001. CEBRID - Brazilian Center for Information on Psychotropic Drugs: UNIFESP - Federal University of São Paulo, 2002. Available at: <http://abramd.org/wp-content/uploads/2014/06/I_Levantamento_Domiciliar_sobre_o_Uso_de_Drogas_Psicotr%C3%B3picas_no_Brasil.pdf>

BRAZIL. National Anti-Drug Secretariat. II Home Survey on Psychotropic Drug Use in Brazil: Study involving the 108 largest cities in the country: 2005. CEBRID – Brazilian Center for Information on Psychotropic Drugs: UNIFESP – Federal University of São Paulo, 2006. Available at: <<https://www.cebrid.com.br/wp-content/uploads/2014/10/II-Levantamento-Domiciliar-sobre-o-Uso-de-Drogas-Psicotr%C3%B3picas-no-Brasil.pdf>>

REHABILITATION AND THERAPY SUPPORT CENTER FOR THE CHEMICAL DEPENDENT. *Laborterapia: C.A.R.T.A – Centro de Apoio Reabilitação e Terapia ao Dependente Químico*. 2015. Available at: <<http://www.carta.org.br/site/laborterapia-2/>>

GIL, Antonio Carlos. *How to elaborate research projects*. 4. ed. São Paulo: Atlas, 2008.

IMESC, Institute of Social Medicine and Criminology of the State of São Paulo. Info Drogas – defining concepts. 2009. Available at <<http://imesc.sp.gov.br/index.php/infodrogas/>>.

NARCOTICS ANONYMOUS. World Service Board of Trustees Bulletin Number 17. What is Addiction?; NA, 1995. Available at: <https://na-pt.org/boletins/bol17.php>

PIMENTEL, Giuliano Gomes de Assis; OLIVEIRA, Edna Regina Netto; PASTOR, Aparecida Paulina. Meanings of body practices in the treatment of chemical dependence. *Interface*, v. 12, n. 24, p. 61-71, 2018. DOI <http://dx.doi.org/10.1590/S1414-32832008000100006>

RODRIGUES, Mariana. The importance of the multidisciplinary team in the treatment of chemical dependency. *Jorge Jaber Clinic*. 13 of ten of 2018. Available at: <<https://clinicajorgejaber.com.br/novo/2018/12/a-importancia-da-equipe-multidisciplinar-no-tratamento-da-dependencia-quimica/>>

SANTOS, Maria Paula Gomes. Therapeutic communities: themes for reflection. Institute of Applied Economic Research. Rio de Janeiro: IPEA, 2018. Available at: <<http://repositorio.ipea.gov.br/bitstream/11058/8856/1/Comunidades%20terap%C3%AAuticas.pdf>>

WORLD HEALTH ORGANIZATION. Fact Sheet of 23 February 2018. Geneva: World Health Organization, 2018. Available at: <<https://www.who.int/en/news-room/fact-sheets/detail/physical-activity/>>

Copyright Disclaimer

Copyright for this article is retained by the author(s), with first publication rights granted to the journal. This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>).