

## The construction of participatory policies in the comprehensive care of users of alcohol and other drugs

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The construction of public policies appears constantly in the discourse of managers and leaders of civil society, but we hardly stop to think about its meaning.

The fifteenth century established the constitution of the modern/colonial and, currently, post-colonial world system. At a certain moment in history, people realized that state bureaucracy should not only ensure order and social security, but also provide services designed to reduce social inequalities and promote economic growth. Social organizations have been reduced to the State/civil society dichotomy. Thus, the prefix “post” in post-colonial does not merely indicate a moment after, in the linear chronological sense; it is a reconfiguration of the discursive field, in which hierarchical relationships gain meaning. Colonial, in turn, goes beyond colonialism and refers to various oppressive situations, defined according to boundaries of gender, ethnicity or race<sup>(1)</sup>.

Therefore, public policy in post-colonialism comprises the set of State interventions and actions aimed at the generation of impacts on social relationships, the most well-known being education, health, social assistance, transportation, and housing policies, among others<sup>(2)</sup>.

After the Second World War, the idea of public policy resurfaces as a right of every citizen, regardless of social status. In this editorial, we will emphasize Public Health Policies, especially those directed toward the comprehensive care of users of alcohol and other drugs. For this, we need to define two basic aspects: how to construct them and how to finance them. At this moment, we will focus on the first.

During these 40 years of Healthcare Reform and 30 years of the Psychiatric Reform Movement, the engagement of workers, family, users, researchers, associations, Mental Health Conferences and Professional

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### How to cite this article

Oliveira MAF. Construção de políticas participativas na atenção integral aos usuários de álcool e outras drogas. SMAD, Rev Eletrônica Saúde Mental Álcool Drog. 2019;15(4):1-2. doi: <https://dx.doi.org/10.11606/issn.1806-6976.smad.2019.159637>.

Councils contributed effectively to the formulation of Mental Health Public Policies, and can be said to have contributed to the discourses of Collective Health as well.

It is worth noting that, like the process of the Sanitary Reform Movement, which resulted in the constitutional guarantee of health as a right of all and as a duty of the State with the creation of the Brazilian Unified Health System, the Psychiatric Reform Movement resulted in Law 10,216 of April 6, 2001, which deals with the rights protection of people with mental disorders and redirects the healthcare model. This legal framework establishes the State's responsibility in the development of the Brazilian Mental Health Policy with the closing of psychiatric hospitals, opening of new community-based services, and social participation in the monitoring of its implementation<sup>(3)</sup>.

In the implementation and consolidation phase, the Psychosocial Care Network (RAPS) proposes a new mental health care model, based on access to and promotion of individual rights, as well as on coexistence within society. In addition to being more affordable, the network also aims to articulate actions and health services on different levels of complexity.

However, the 1988 Constitution and other infra-constitutional laws after it attributed to other social actors a significant participation in the development and monitoring of these actions and activities, which in turn leads to the dilemma of who should participate in the processes that ensure public policies, considering that the Brazilian Unified Health System has legal instances of construction of policies, in constant dialogue with civil society.

In this context, attention should be paid to the diversity of interests that are shown by/to public managers, for as the legislation foresees mechanisms of social control over public policies in a segmented format (conferences and councils), the natural tendency is for every movement to stick to their own particular agenda. Therefore, we may see that, like the government, society is not a single block of interests.

However, there are concepts considering the clinic's extension to ways of producing care other than from the perspective of institutionalization, such as: Psychosocial Rehabilitation, which promotes citizenship, autonomy and social inclusion; territoriality, place inhabited by people with mental disorders and their families and where their support and sociability networks are located; deinstitutionalization in the sense of ending spaces that stimulate and promote institutionalization; and Human Rights as a basis for dialogue so that people with mental disorders due to the use of alcohol and other drugs may create conditions to transform their realities<sup>(4)</sup>. These concepts must be present in the discourses of the actors who promote public health policies.

Finally, for public policies aiming at the comprehensive care of users of alcohol and other drugs of the Brazilian Ministry of Health to outweigh the colonial epistemology, they must emanate from social demands and be built by people who represent the interests of different social groups, taking cultural differences into account. It is the Ministry of Health's role to receive and evaluate public policies for the Brazilian people, and not formulate them on its own<sup>(5)</sup>.

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