



## The perception of mental health workers about the performance of the damage reducer


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**Objective:** to know the workers' perception about the performance of the damage reducer in a Psychosocial Care Center for Alcohol and other drugs (PSCCad), thus collaborating with the problematization and transformation of the reality of the care for users of alcohol and other drugs.

**Method:** tis is a qualitative and exploratory research, of a descriptive nature, carried out with professionals from a PSCCad in the city of Sant'Ana do Livramento using the Narrative Focus Group (NFG) technique. In order to perform the data analysis, the content was transformed into group narrative. **Results:** the discussion was pointed out in the face of the perception of the figure of the damage reducer and its interrelation in the daily routine of the mental health clinic, presenting strengths and challenges. **Conclusion:** it is evident the importance of the role that damage reduction plays in the scope of the Brazilian Psychiatric Reform. The figure of the damage reducer in the service is that this professional has the capacity to create bonds, perform an effective welcoming and that can assist in deconstructing the stigma that the substance user suffers in society, being a powerful tool for construction and transmutation in people's lives.

**Descriptors:** Mental Health; Mental Health Services; Harm Reduction; Delivery of Health Care; Integrality in Health.

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## A percepção dos trabalhadores de saúde mental sobre a atuação do redutor de danos

**Objetivo:** conhecer a percepção dos trabalhadores sobre a atuação do redutor de danos em um Centro de Atenção Psicossocial de Álcool e outras drogas (CAPSad), assim colaborando com a problematização e transformação da realidade do cuidado aos usuários de álcool e outras drogas.

**Método:** trata-se de uma pesquisa qualitativa e exploratória, de caráter descritivo, realizada com profissionais de um CAPSad da cidade de Sant'Ana do Livramento por meio da técnica de Grupo Focal Narrativo (GFN). Para realizar a análise dos dados, o conteúdo foi transformado em narrativa de grupo.

**Resultados:** apontou-se a discussão frente à percepção da figura do redutor de danos e sua inter-relação no cotidiano da clínica em saúde mental, apresentando potências e desafios. **Conclusão:** evidencia-se a importância do papel que a redução de danos ocupa no âmbito da Reforma Psiquiátrica Brasileira. A figura do redutor de danos no serviço é de que este profissional tem como capacidade a criação de vínculos, realização de um acolhimento efetivo e que pode auxiliar na desconstrução do estigma que o usuário de substâncias sofre perante a sociedade, sendo uma ferramenta potente para a construção e transmutação na vida das pessoas.

**Descritores:** Saúde Mental; Serviços de Saúde Mental; Redução do Dano; Assistência à Saúde; Integralidade em Saúde.

## La percepción de los trabajadores de salud mental sobre la actuación de reductor de daños

**Objetivo:** comprender la percepción de los trabajadores sobre el papel de la reducción de daños en un Centro de Atención Psicossocial para el Alcohol y otras Drogas (CAPSad), colaborando con la problematización y transformación de la realidad de la atención a los consumidores de alcohol. y otras drogas. **Método:** investigación descriptiva, cualitativa y exploratoria, realizada con profesionales de un CAPSad en la ciudad de Sant'Ana do Livramento, utilizando la técnica del Narrative Focus Group (GFN). Para realizar análisis de datos, el contenido se transformó en una narración grupal.

**Resultados:** la discusión se señaló frente a la percepción de la figura del reductor de daños y su interrelación en la rutina diaria de la clínica de salud mental, presentando fortalezas y desafíos. **Conclusión:** la importancia del papel que juega la reducción de daños en el contexto de la Reforma Psiquiátrica brasileña es evidente. La figura del reductor de daños en el servicio es que este profesional tiene la capacidad de crear vínculos, realizar una bienvenida efectiva y que puede ayudar a deconstruir el estigma que sufre el usuario de sustancias en la sociedad, siendo una herramienta poderosa para la construcción y transmutación en la vida de las personas.

**Descriptores:** Salud Mental; Servicios de Salud Mental; Reducción del Daños; Prestación de Atención de Salud, Integralidad en Salud.

## Introduction

The proposal for a public health policy for users of alcohol and other drugs took place in Brazil in 2003, influenced by the experience of psychiatric reform, indicating the establishment of a network of open and territorialized services and by the STI/AIDS Program based on strategies of damage reduction (DR)<sup>(1)</sup>.

The DR model originated in the United Kingdom in 1926 and advocated that opioid-dependent users could receive these drugs under a doctor's prescription<sup>(2)</sup>.

In 1984, in the Netherlands, DR strategies, proposed by the injecting drug users themselves, were used in the control of hepatitis B and C epidemics and AIDS<sup>(3)</sup>.

After many years, the first Brazilian experience of DR took place in 1989 in the city of Santos, São Paulo, consisting mainly of needle exchange actions for injecting drug users. It was an innovative and transgressive experience, since professionals involved with this experience had to face police inquiries and judicial actions and, although mainly associated to the control and prevention of Sexually Transmitted Infections (STIs)/ Acquired Immunodeficiency Syndrome (AIDS), it also started to trigger a new dynamics of care proposals based on the protagonism of marginalized minorities, establishment of affective exchanges and construction of cooperative bonds<sup>(4)</sup>.

In Rio Grande do Sul (RS), DR started in the 90's as an AIDS prevention strategy, and only then approached mental health services. Among the first experiences of State Damage Reduction Programs, the municipality of Sant'Ana do Livramento stands out as a preventive strategy in the field of STD/AIDS Policy, although it already showed power as a technology for mental health care, acting in a border and vulnerability territory<sup>(5)</sup>. Currently, the municipality is a reference in practice and carries out important work in the area of DR, giving rise to interest in the place of study.

In this way, the DR is generally conceived as any action that aims to minimize the risks and damages caused by the use of alcohol and other drugs to the health of an individual. However, it is focused not only on health promotion, but also on valuing citizenship and ensuring human rights<sup>(6)</sup>.

DR is considered a horizontal approach in the relationship of care, since in the relationship between professional and drug user, there is no premise of superiority. Thus, the user should take the initiative in structuring strategies to care for his/her health, together with political instances of health management in the development of programs, and, as a result, access to low-demand and low-cost services is promoted<sup>(7)</sup>.

With the objective of promoting health among populations with risky behaviors and practices, DR for users of alcohol and other drugs has a line of action that respects

citizens' rights. It is based on the premise that a part of the people who consume some kind of drug, whether licit or illicit, cannot or does not want to stop using, however, does not lose the right to health care or any other<sup>(8)</sup>.

The DR strategies are built by the figure of the damage reducer, who is characterized by being a professional who performs activities that aim to ensure the attention and defense of people in situations of personal and social risk, as well as bringing teams closer to the values, ways of life and culture of people in street situations, working with users of alcohol, crack and other drugs, performing educational and cultural activities, dispensing with inputs for health protection, facilitating and mediating the process of referral of users to the Health Care Network and intersectoral<sup>(9)</sup>.

The damage reduction professional is the one who establishes direct contact with the community, operates in a sense of "active search" of drug users, mapping their social networks, places of use, practices of risk, always supported in forming a link with the user<sup>(10)</sup>.

The study is justified by the importance of DR inserted as a strategy to minimize the risks to the health of people who use mental health services, having, as a fundamental principle, the respect for freedom of choice and access to health services. In addition, another motivation for conducting this research refers to the gap identified in the literature about the real importance of the damage reducer. Most of the knowledge produced on this subject comes from research that approaches DR as a possibility to reduce the risks related to exposure resulting from drug use, however, DR is not limited to this and does not necessarily aim to make the subject stop using drugs, but rather to make it possible to approach the user in a humanized way, respecting the wishes of the person and welcoming them, regardless of following the recommendations of the treatment, without imposing obligations<sup>(11)</sup>.

It was formulated, taking into account the relevance of the participation of the damage reducer in the care actions carried out to the users of alcohol and other drugs and considering that, at present, the attention to the health of the users of psychoactive substances is going through a process of ruin, guided by Decree No. 9761 of 2019, which institutes a new National Policy on Drugs (NPD), prioritizing actions to promote and maintain abstinence<sup>(12)</sup>, the following guiding question: "What is the perception of the team of workers about the performance of the damage reducer in a PSSCad in the South of Brazil? From this questioning, the objective was to know the perception of the team of workers about the performance of the damage reducer in a PSSCad of the South region of Brazil.

## Method

It is a qualitative and exploratory research, of descriptive character. It is configured as qualitative, since

it deals with a set of human phenomena that contemplate the universe of meanings, motives, aspirations, values and attitudes, thus constituting part of social reality<sup>(13)</sup>. Exploratory research begins with a phenomenon of interest, providing knowledge and details of the different modes it presents, while descriptive studies cover the observation, explanation and classification of dimensions, variations and relevance of the problem studied<sup>(14)</sup>.

The scenario of this study was the Center for Psychosocial Attention on Alcohol and other drugs (PSCCad) in the city of Sant'Ana do Livramento (RS), belonging to the 10th Regional Health Coordination of Rio Grande do Sul (10th CRS/RS). The selection of participants was intentional to ensure homogeneity of the group and the following inclusion criteria were used: health professionals who had been working in PSCCad for at least six months and had not interrupted the functional exercise during the collection of research data; accepting to participate in the study. Health professionals who were absent from work due to medical leave, vacation or any other reason and/or refused to participate in the study were excluded from this survey.

The information was collected in September 2018 through the Narrative Focus Group (NFG) technique, and it was recorded and transcribed in its entirety. The focus group was conducted with seven service professionals. In order to carry out the data analysis, the content was transformed into group narrative, validated by two researchers. This type of method was chosen because it allows a debate, while the participants are stimulated by the moderators to explore the collective perceptions regarding the object, since individual understandings are a part of the context to be analyzed<sup>(15)</sup>.

The focus group was held at the premises of PSCCad Sant'Ana do Livramento and lasted approximately two hours, being mediated by a moderator and a supporter guided by fragments of fictitious clinical cases (vignettes), in the composition of a distinct research script for the segment of workers, using a fictitious story in which the participants of the study are the professionals of reference and thus promoting a discussion about the care in a PSCCad.

The data was analyzed in the light of critical hermeneutics in a commitment to the truth, understanding that reality is not, but becomes as it is constructed by people in a given historical time, in a democratic process in which the researcher and investigated perceives themselves as intertwined<sup>(16)</sup>. This method consists in opening oneself up to the encounter, allowing the other to have the right, and not having the last word. This is a "practical truth", a continuous process that remains in unlimited resignification as long as the possibility of interaction is kept open<sup>(17)</sup>. What is defended in this method is the maintenance of an interrogative posture,

which is based on the possibility of correcting "previous concepts in a constant projection of opinions", in which the truth "re/de/constructs itself at each dialogue", in a comprehensive/interpretative coming and going<sup>(18)</sup>.

It is informed that this study is a cutout of the research entitled "The clinic in the context of SPA use: the perception of users, workers and managers about mental health care", being registered in the Research, Teaching and Extension Project Information System (SIPPEE) under registration number 20170526125153 and approved by the Research Ethics Committee (REC) of the Federal University of Pampa (UNIPAMPA), through Opinion No. 2281711, on September 18, 2017.

It should be noted that all participants signed the Free and Informed Consent Term (FICT) as determined by Resolution No. 466/2012 regarding research involving human beings.

## Results

Among the participants in the study were the following professional trainings: technicians in Nursing; occupational therapist; damage reduction and nurse.

The perception of the figure of the damage reducer and its interrelationship in the daily life of the mental health clinic: presenting potentials and challenges.

The workers' narrative describes the change in the work of the damage reducers, bringing questions regarding the historical context of DR where it is progressively ceasing to be an exclusively prevention measure for STIs and has its field of intervention expanded due to the direct participation of people who use drugs in management and attention practices, which can be seen in the narrative below.

*When we started doing damage reduction a long time ago, it was like changing syringes, giving condoms, routing when possible; nowadays, damage reduction is much more than that, it works inside PSCC, schools, prisons, nightclubs, inside sports practice. Damage reduction has become a differential in public health, PSCC and specialized services. (Narrative of the Focus Group)*

Participants reported on the importance of RD in their daily work and some professionals with experience in the program described that they are constantly learning and that the reduction has changed the lives of many users and professionals who later became damage reducers but were once users. The collective believes that the damage reductionist has a different background from other professionals within an alcohol and drug service, based on a set of unique and collective strategies, which can be visualized in the following narrative.

*We are always learning from damage reduction; it has transformed the lives of many damage reducers; we believe it can make a difference; it is a fact that not all users will be able to become*

*health workers, but damage reduction has this capacity for change. The damage reducer is neither better nor worse than anyone else, it has a different training, because it is a training done in practice, in care. (Narrative of the Focus Group)*

*We do damage reduction every day in the service; at the moment we are trying to promote health for someone, we are reducing the damage, a damage of health, social, physical, of drug use. Damage reduction is also thought in the question of awareness, sometimes, in a family approach, we are reducing the damage, only the fact that the professional damage reduction is here, is reducing a damage. (Narrative of the Focus Group)*

In this perspective, the speeches highlighted the respect for the user and the non-imposition of abstinence as presuppositions of DR in the production of the care dispensed, even if they makes use of a certain psychoactive substance.

*We think that abstinence can be something achieved, but it should not be a condition for access, it is a decision that can and should come from the other, not ours. There are people who will not be able to deal with this situation, abstinence is from each other and it is something that can be achieved, but, for each case, respecting the freedom of choice of those who don't want and those who don't succeed. (Narrative of the Focus Group)*

The group reported on the respect for the user and the use of light technologies, such as welcome and willingness to listen, in order to create a bond with the user, which is often what makes him return to PSCC right after a relapse.

*When we do the welcome, we try to create a bond with the user, so that he knows he has a person, an institution that he can trust; in our experience, there have already been cases of users returning to use, doing the same things before joining PSCC, but he knew that there was a bond of protection, of trust, of understanding his situation and he ended up coming back, sometimes, just to give some time, to reflect, and it is the time to start to make a reduction, to make think of some project to deal with him. That's why it's necessary to have a good conversation to know the history of his life; thus, the same will tell you much more than a questionnaire. (Narrative of the Focus Group)*

For the participants of this study, the presence of the damage reduction professional is a strategy that contributes to the user's better acceptance of the treatment, as well as the affective relationships in the health service.

*Many times, the users have difficulties in relation to the adaptation, where they say that they don't like so-and-so or cyclan and, at this moment, the support of the service damage reducers is important, because they help us, talking to those who have more connection, motivating them to participate in the activities, thus occurring a better adhesion. We do not oblige users to participate in the*

*activities, we agree that if he is here in the service, at least, he is reducing the damages, he is not making use of them. (Narrative of the Focus Group)*

In this sense, users are not obliged to adhere to a therapeutic plan, they are motivated to participate in the activities and supported so that a better adherence to treatment occurs.

Regarding the challenges faced by professionals in daily practice, it is stressed that PSCC are services with great potential for transforming the model of care into mental health and bring to themselves the daily challenge of promoting changes in the lives of people in psychic suffering as a result of the use of psychoactive substances. Thus, the word therapeutic guides the practice of professionals and is realized by producing meaning and differences in people's lives. This conception of what is therapeutic is evident in the narrative of the professionals, who express the challenges encountered for the realization of care.

*One of the difficulties we have in our daily practice is to sustain the Singular Therapeutic Plan (STP); we invent, reinvent, call everyone to participate, to help build. The workshops are open and, many times, there is little adherence, few stay, there are always those who do not want to participate and, with this, many times we feel frustrated, so this difficulty occurs in sustaining a singular therapeutic plan that does not leave anyone excluded. (Narrative of the Focus Group)*

*We face difficulties with the fact that the user sleeps in the service, because at the moment he spends an entire night of use, walking, the body needs hours of rest, sleep, food, care for him to recover. However, we wonder what we, as professionals, are adding for them. In the morning, there is a rule in the service that you can't sleep, but we realize that sometimes it's important for the person to sleep, they need that hour of sleep, considering that it's still in daily use. (Narrative of the Focus Group)*

In addition, difficulties are faced in relation to the moral judgment that some professionals present in the attempt to care for the user, which are revoked from the focus group's concern with integral care for the user, leading to conditions to reinvent the work, rethink processes and design new alternatives for care.

## Discussion

The mode of care proposed by the DR strategy has changed with the evolution of public policies on drug use, which has led the team of traditional mental health workers to incorporate the care and vision of the damage reducer into PSCC's day-to-day life.

This transformation reaches the way of understanding the consumption of SPAs, being DR the first movement to criticize the international model of prohibition of drugs,



starting a journey in the 80s with the creation of needle exchange programs to contain the spread of hepatitis and later HIV and other infectious diseases among injecting drug users. Thus, it was the AIDS epidemic that led the prevention measures to drug use, however, the current configuration of the DR strategy does not correspond faithfully to that of the 1980s<sup>(19)</sup>.

In the municipality that hosted this research, the history of the DE also transited between the STIs and Mental Health, highlighting a new way of acting, treated as a potentiality by PSCC professionals, because with the insertion of the damage reducers in the mental health service, they recreate themselves at each meeting and challenge themselves to create new ways to care for SPA users.

DR can be perceived as transforming the biomedical model, even though it is hegemonic in health practices, since it is not a unique concept, but basically refers to intervention policies and programs whose objective is to minimize risks, without necessarily reducing the individual consumption of psychoactive substances. Some authors attest that this is based on three important aspects: the non-demandability of abstinence; the right of political participation of people who use drugs; the territorial field work and strategic times. Thus, the activities within this proposal are built as public health measures that have the objective of minimizing the adverse effects of drug use through the construction of bonds and acts of care and self-care, respecting the autonomy and freedom of choice of people<sup>(20)</sup>.

Therefore, having a damage reducing professional occupying the space in mental health allows to see the drug user in a more comprehensive way, with diverse needs and potentialities, not limited only to the prevention of STIs and abstinence as a final goal of treatment, as highlighted in the results. In this way, the DR strategy seeks to differentiate repercussions on the health of individuals and their community relations, as well as economic costs and social impacts related to drug policies<sup>(21)</sup>. It was progressively accepted, corroborating the Brazilian legislation on drugs, this strategy as valid for the care of users of alcohol and other drugs, and a milestone considered of great importance was the approval of Federal Law No. 10,216 of 2001, which legitimized the Brazilian Psychiatric Reform<sup>(19)</sup>.

In view of this, damage reducing professionals should adopt an ethical, respectful and welcoming posture, making it easier to link users to health services, thus reducing stigmas and prejudices suffered by this population, generating a more humanized service.

It can be said that part of the difficulties and anxieties raised by the team during the focus group related to welcoming and how to deal with cases in which the user arrives for the service under the effect of drugs or by

the fact of sleeping during the activities, and despite the difficulties, they are welcomed. However, the logic prevails that it disrespects a strict institutional rule and does not suit the routine of treatment.

Although there is a movement in this place in favor of transformations in the care of drug users, at some moments it is permeated by rigidity, which seems to sustain a logic of exclusionary care, often dressed up in a scientific discourse that tries to legitimize abstinence as an exclusive therapeutic to be adopted in these places.

In crisis situations, the welcome needs to awaken, in the worker, a posture to give support, to value the subject as a human being and not only as a sick person, respecting their time, his individuality and singularity. The crisis, in this case, the abusive use of psychoactive substances, does not constitute a bad situation, which needs to be blocked and controlled more quickly, but needs to be faced with humanization and sensitivity on the part of the team, aiming at the feelings of users<sup>(22)</sup>.

Another relevant issue is the ambivalence during the performance of the team, either welcoming or moralistic, and here it is important to stress that the role of PSCCad is not to decide for the user, but to build a therapeutic project together with them and their family, taking into consideration issues that go beyond their health.

It should be noted that the role of the workers of the specialized service and the damage reduction worker should be based on the promotion of the exercise of citizenship of the user, which means the recognition, in the first place, of the condition of citizen with rights, before the condition of drug user in society.

In the light of the above and from the analysis of the professionals' statements, it was possible to see that the workers recognize the effects that these psychoactive substances have on the organism and the importance of a welcome in order to establish links and ensure the continuity of treatment. However, some norms and routines of functioning of the PSCCad service mentioned in the narrative seem to be based on an excluding logic in relation to the drug user, often remodeled from a scientific discourse, which tries to legitimize abstinence as the exclusive therapy to be adopted in this clinic. When the team is able to talk about the complexity that the abusive consumption of psychoactive substances provides, it reflects on the existing assistance gaps in the health care of both users and their families<sup>(23)</sup>.

By suspending the idea of abstinence as the exclusive objective of treatment, DR also suspends the homogenization that it implies and emphasizes the importance of recognizing the uniqueness of each case, the multiple possibilities of linkage with drugs and respect for differences and individual choices. In the same sense, it is also proposed the suspension of moral values and prescriptive positions and introduced the acceptance that

some people cannot, do not want or cannot stop the use of drugs, without this representing the impossibility of other gains and therapeutic processes<sup>(20,24)</sup>.

Through the narrative fragments, one can also understand the importance of the bond within a service of psychosocial attention, where it is possible to draw lines that make up the affective network of the individual, his tastes and dislikes, so that one has, with this, the matter with which one can construct a conception of their uniqueness and assemble, together with it, a Singular Therapeutic Project (STP).

Damage-reducing agents are the main responsible for bringing the user and health services closer together through referrals made in the field. This often establishes the first link between the drug user and a health professional<sup>(25)</sup>.

It is known that the team working at PSCC must be multi-professional and be focused on facilitating patient/family/community interaction through activities developed at the service<sup>(26)</sup>. Thus, the STP and the damage reduction included in PSCC help to operationalize the perspective of an expanded clinic, which enables the occurrence of subjective dimensions and the reconfiguration of existential territories, both for health workers and those they care for. The procedural dimension of this mode of production of care supports and projects the construction of integrality in health from the perspective of autonomy and emancipation of subjects and collectives.

DR actions can be carried out by any professional who wishes to work with this strategy and take, as fundamental, the appreciation of the desire and possibilities of the subjects to whom the actions are directed, based on dialogue and negotiation with the subjects. This centrality in the subject, considering its desires and possibilities, characterizes a less normative and prescriptive approach to health, since it avoids dictating or imposing what would be the appropriate choices and attitudes or not to be adopted. Thus, acting from a damage reduction perspective presupposes the use of relational technologies focused on empathic welcoming, bonding and trust as devices that favor the adhesion of the person to the activities of their STP<sup>(27)</sup>.

By relating to the drug user, professionals can understand the relationship that the user establishes with the psychoactive substance he uses and, in this way, clarify the user's objective in having sought a specialized mental health service for treatment of alcohol and other drugs.

## Conclusion

The purpose of this investigation was achieved, as it was possible to know the workers' perception about the damage reducer's performance. The findings of this study have shown that DR occupies an important role in the scope of the Brazilian Psychiatric Reform and

health care policies, since it arises as a way to face the difficulties of access to quality health care, considering the uniqueness of each case and ensuring the fundamental rights of citizens.

It is concluded that the perception that workers have about the figure of the professional damage reduction in PSCCad is that it has, as a capacity, the creation of bonds and the realization of a good reception and that it can help in the deconstruction of the stigma that the user of substances suffers before society. Thus, the work process is in constant planning, reflection and evaluation, suggesting the construction of goals for the strengthening of its performance.

It is understandable, therefore, the need for more in-depth studies which, in addition to showing workers' perceptions of the DR's activities, can demonstrate, in a more direct way, the specific difficulties in order to create subsidies for the creation of actions, policies and programs that can strengthen and support the work of the damage reductionist. One limit of this study was its realization from a single PSCCad, which implies the impossibility of knowing different perceptions.

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