

CARE DELIVERY TO USERS AT A PSYCHOSOCIAL CARE CENTER FOR ALCOHOL AND OTHER DRUGS: A COLLECTIVE SUBJECT PERSPECTIVE

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Psychoactive substance consumption constitutes a complex problem experienced in contemporary societies. Thus, this research aimed to analyze users' perception about the care offered at the Psychosocial Care Center for Alcohol and Drugs. The methodology used was the Collective Subject Discourse. Ten users accompanied by the service were interviewed, located in Salvador, Bahia, Brazil. The users acknowledge the care offered as humanized and they consider that the treatment strategy influences their consumption and the reduction of the harm drugs abuse causes.

Descriptors: User Embrace; Mental Health; Drug Users.

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O CUIDADO AOS USUÁRIOS DE UM CENTRO DE ATENÇÃO PSICOSSOCIAL ÁLCOOL E DROGAS: UMA VISÃO DO SUJEITO COLETIVO

O consumo de substâncias psicoativas constitui-se em complexa problemática experienciada nas sociedades contemporâneas. Assim, esta pesquisa teve por objetivo analisar a percepção de usuários acerca do cuidado ofertado no Centro de Atenção Psicossocial Álcool e Drogas. Utilizou-se como metodologia o discurso do sujeito coletivo. Foram entrevistados dez usuários que são acompanhados pelo serviço, localizado na cidade de Salvador, BA. Há reconhecimento, pelos usuários, acerca do cuidado ofertado como humanizado, consideram que a estratégia de tratamento adotada tem impacto no consumo e na redução de agravos causados pelo uso abusivo de drogas.

Descritores: Acolhimento; Saúde Mental; Usuários de Drogas.

EL CUIDADO A LOS USUARIOS DE UN CENTRO DE ATENCIÓN PSICOSOCIAL ALCOHOL Y OTRAS DROGAS: UNA VISIÓN DEL SUJETO COLECTIVO

El consumo de sustancias psicoactivas representa una problemática compleja vivida en las sociedades contemporáneas. Así, la finalidad de esta investigación fue analizar la percepción de los usuarios sobre la atención ofrecida en el Centro de Atención Psicossocial de Alcohol y Drogas. La metodología empleada fue el Discurso del Sujeto Colectivo. Fueron entrevistados diez usuarios acompañados por el servicio, ubicado en Salvador-BA, Brasil. Entre los usuarios, hay un reconocimiento sobre el cuidado que se ofrece como humanizado y se considera que la estrategia de tratamiento adoptado tiene un impacto en el consumo y la reducción de los daños causados por el consumo abusivo de drogas.

Descriptores: Acogimiento; Salud Mental; Consumidores de Drogas.

Introduction

The consumption of alcohol and other drugs consist in a complex problem in contemporary society. It is historically known, that the use of drugs has branded the existing relation among human beings, present in different contexts, with diverse objectives and motivations, such as medicine or poison, divine or demonized. Around 10% of the urban-center populations all around the world, independently from age, gender, level of education and social status, abusively consume psychoactive substances⁽¹⁾.

In Brazil, it has become fundamental the creation of an assistance network to develop actions centered in the principles of integrality, with the purpose of psychosocial rehabilitation of users of alcohol and drugs. For such, the Law 10.216/01 was formulated, legal mark of the

Brazilian Psychiatric Reform⁽¹⁾, with the creation of the Centers for Psychosocial Care, Including Alcohol and Drugs (CAPSad), considering strategic services of mental healthcare, important tool in the actions of prevention and health promotion.

These tools must adopt as reference the logic of damage reduction, which is characterized as a public healthcare strategy and self-care, unprecedented for the decrease of the vulnerability to risk situations, seeking the reduction of harms caused by the abusive use of alcohol and other drugs, without the imperative preconization of abstinence.

The complexity of the several factors involved in the care of the users, who use and abuse psychoactive

substances, became more concrete to one of the author, from experience, while working as a resident in the area of Mental Healthcare of the Program of Multi-professional Residency in Healthcare of the State University of Bahia (Uneb). The field of internship and work was CAPSad, located in the city of Salvador, Bahia, which enabled approximation to the users of this service. Starting from this premise, the question following was raised: what do the users think about the assistance they receive at CAPSad?

The objective of this research was to analyze the perceptions of the users regarding the care offered at CAPSad, located in the city of Salvador, Bahia. For such, it was necessary to know the activities offered by CAPSad, identify which resources used at CAPSad emerge in the users' speech, that are attended in the service, and identify which are the limits and reach of the offered care.

Research Methods

We have opted for the discourse of the collective subject (DCS) as methodological approach to guide the research; it enables correlation of the individual discourse with the collectiveness. The DCS is about the I that, at the same time it signals the presence of an individual subject, expresses a collective reference, while the subject is speaking for or in name of a collectiveness⁽²⁾. The methodological method of DCS is meeting, in one synthesis-discourse, of several emitted individual discourses as the answer of a same research question, per subject institutionally social-equivalent, or that are a part of a same organizational culture and a social homogenous group, as long as the individual of this group occupies the same, or other positions in a given social field⁽²⁾.

The empirical field of research was CAPSad, located in the Sanitary District Cabula Beiru, Salvador, BA. A total of 10 users were selected who were attending CAPSad. The following inclusion criteria were considered: be over 18 years old, be in treatment for at least three months, presenting physical and psychic conditions sane to decide about accepting or not accepting to participate in the study, history of insertion in the different modalities of assistance – semi-intensive and intensive – this criterion enables a better perception on the care for been in contact with the service longer, as well as information saturation.

The research met Resolution n°196/96 of the National Healthcare Council⁽³⁾, which regulates the ethical aspects of research involving human beings, and it was authorized by the Ethics Committee in Research of the State University of Santa Cruz - Uesc, Principle Consolidated 315/09.

For the data collection, the tool used was the semi-structured interview, which enables a deeper and richer dialogue, presenting the facts closer to its complexity. The identification of the interviews was kept private, been that all the subjects that accepted to participate signed a term of consent. The interviews took place at the service, by the author, in only one meeting, with an average duration of seventy minutes each. Each interview was audio taped, and then later transcribed.

For the analysis of the data the DCS methodology was used, were some methodological figures are used: the key expressions, which consists in pieces, excerpts or literal transcriptions of the discourse, underlined by the researcher that reveal the essence of the statement; the central ideas, elucidating the content of the key expressions⁽²⁾, and the construction of the discourses of the collective subjects, from the similar or complementary of the collected discourses.

Results of the collective discourses

This research has roots in a process of investigation that was conducted during nine months, and weaved from undisputed listening, readings and more readings and inquiries on the perception of the CAPSad user and the reaches and limits of the practices of this service, bring in the interviews, the images and memories reported in the discourses and at a common place for all of them. Here seven discourses are presented comprised of key expressions and central ideas, result of the analyzed images and memories.

1. Discourse of the users regarding the reception, relation of recognition, affection, support and its impact

Central Idea – the reception as a gift, a moment of listening, respect, humanized care and the efficacy of this action in the reduction of using a psychoactive substance. *[...Here I have support, human support. The professionals here, most of them, all of them, have a very human approach... These people are embraced here, accepted, cared for... when I go out there I will also practice the love I have here...If I was to make a flag here I would: CAPS – Love, warmth and affection... I am well cared for at the infirmary, well cared by you, techniques, I say thank the Lord, because I have people to support me, so I think it is great... Thank God CAPS has quality, I am feeling like a human being now... I think it is the love you give us. It gives me self-esteem; it is when you say, want to be a human being, then change, and saying it in a special way... Then you start to build trust with the professionals, you see the friendship they have for you, the warmth, you really start to trust them, then you start to feel the effects on yourself, the decrease in using the substance, you realize that you are building strategy to not get involved anymore, to have relapses, and all of this with the help of the professionals...].*

The healthcare service takes on its main function, to receive, listen and provide a positive answer, capable of solving problems, must be given by humanitarian parameters, of solidarity and citizenship⁽⁴⁾. It is the possibility to create bonds that imply in having relations so close and so clear, in which the healthcare professionals sensitizes with all the suffering of others, feeling responsible for life, enabling intervention nor bureaucratic nor impersonal⁽⁵⁾.

The collective discourse reflects around reception vigorously, present in the meeting, in the conversation, in the attitude of the professional that seeks to recognize discretely, to beyond the explicit demands, the needs of the subjects seeking the service as a space for building the subject focused in the autonomy. Attitude based in the respect to differences; ethics to provide a better benefit,

seeking the respect of the potential of the user's autonomy; of empathy to the suffering experienced; the capacity to provide support in their suffering. The reception is the action that values the democratization of the healthcare management by the participation of the users in the decisions on what kind of health they want to have. Therefore, the care favors the construction of the bond, as well as enables the responsibility and commitment in the treatment⁽⁵⁾.

2. Discourse regarding the co-responsibility of the users in the treatment

Central Idea – for the service to be effective the co-responsibility is needed, besides, to support the treatment of alcohol and other drugs, you have to have will power, effort and attitude. [*... Attitude. From the moment we have attitude, we manage to have strength to fight the addiction... Now it depends a lot on you. You have to be disciplined, follow the rules they give you, or the treatment won't go anywhere, right? The person has to make an effort to remain stable... Here at CAPS everything is great, but many do not need attention, talking about me, because it is not used the person participating of a center; working in damage reduction, you have to have will power. You make the effort and it is up to you, it is not used the professionals been here, like they always are, supporting the users and everything, and many times, they do not take it seriously, many people quit to go out there and use drugs, without paying attention to the treatment... It is great here, but it all depends on the users making an effort...].*

The co-responsibility is one of the directives of specialized services like CAPS, which is evident in the discourses of the users. It is not enough for the professionals to pass along the information at the workshops, clinics, offer support, it is necessary for the users themselves to dedicate and have clarity of what the treatment consists in. This co-responsibility configures itself, through the needs represented by the achievements of grief control and/or health production, which is present in the meeting supported on relations of listening and accountability, and it is articulated with the constitution of bonds and commitments of the intervention and cooperation projects.

The collective discourse reflects that the sharing of responsibilities must have the participation of the users of alcohol and other drugs; they have to be implied as responsible for their own choices. This sharing of responsibilities is a way to maintain the care relation, it is the interaction among two or more subjects, seeking relief of suffering of attaining well-being, always mediated by knowledge, especially towards this end⁽⁶⁾.

3. Discourse of the users regarding the unique treatment at CAPSad

Central Idea – Treated healthcare respecting the relations of race, religion and class, not only of drug users, but their specific needs. [*...The treatment that people have with us. They treat everyone the same. This is very good, there are people that treat us differently just because we have a problem, but not here. I don't think that here. Here everyone treats me well... There is nobody better than here, there are no people more cared for here... They are accessible to everyone, you know, there is no*

social, cultural difference, you see, they have a strategy made for the treatment... It is a center that pays total attention to the treatment of a human being, not only a treatment of the psyche of this damaged human due to the use of drugs, but treating the human being as a whole...].

The voice of the users reflects to the nature of healthcare, the treatment is seen as the construction of meeting opportunities capable of favoring rich and plural inter-subjectivities that bind, mutually, the world and the subject. It can be affirmed that it is a treatment that extrapolates the simplified technical procedure and it becomes an integral action, which has meaning, feelings towards the comprehension of health as a right to be and think⁽⁷⁾, is to be careful with the differences of and between subjects presented in the reports of the collective discourse.

According to the principle of equity, the "healthcare services must consider that in each population there are groups that live differently, that each group or social class have specific problems, have difference in their way of living, of getting sick and having opportunities to satisfy their needs of life"⁽⁸⁾. Therefore, the CAPSad must know which are the differences of the groups of population, and work towards each need. The reports of the users signal regarding the integral attention and the integrality of care, the treatment must be based in biological, psychic and social aspects, been capable of answering the particularities of the individual, group, considering their history, culture and daily life.

4. Discourse of the users regarding the objectives and diversities of the workshops as treatment strategies

Central idea – The workshops are spaces for dialogue and discussion about the daily struggle to reduce damage, besides widening the knowledge surrounding the use of drugs and consequent damages. [*... The workshops guide us, you that some experiences are worse than yours, you see experiences better than yours, understand, and you retain all of this information, reflect on it, putting the pieces together, the puzzles. The main objective is the loss of damages. The loss of damage is the main product of the CAPS. Because usually the users have many losses, emotional, as well as material, family, social, therefore loss and damage are the main product of all workshop here. Now, each workshop has an objective. One is to show the concentration, in this case origami, it has a game workshop, soccer workshop, sports, it has a workshop just for alcohol, a workshop for all the drugs, it has a workshop only for drugs, like crack, cocaine, these ones are heavier than alcohol... It is very good. Because at least the lectures are good, especially the damage reduction... The workshops are good because they are about everything.. about sexually transmitted diseases, about condoms, female contraception... reduction of damages... And the treatment is the workshops, to take your minds of drugs and create new habits, new options...].*

One of the most remarkable activities in the discourse are the workshops, they enable new ways of been-listening and be heard, give advice, show new strategies adopted by each users, talk about their improvements, make their own constructions, which ensures confidence in one self that transcend the service and triggers a more active existence. Besides, the workshops have the role of establishing the relation of belonging to a determined group, as well as the

relation of caring and valorization of the contribution of all parties involved in the work process.

The discourse shows that the CAPS activities are complex, since it contemplates plurality and, simultaneously, the singularity it builds, placing it as a production space of new social practices to deal with psychic suffering differently from the traditional, characterized by the desire to “do it differently”. The workshops are considered spaces of creation, expression, transformation, humanization, experimentation, socialization and living together⁽⁹⁾. It is possible to see, through the discourse of the collective subject, that the workshops are characterized as enablers of subjective changes, producing determined narrative effects, although unprecedented. These devices are the “machines that makes them seen and speak⁽¹⁰⁾”.

5. Discourse of the users on the workshops of damage reduction while in treatment

Central idea – The reduction of damages as a CAPS strategy has an impact in the consumption, as well as in the reduction of harm caused by the abusive use of alcohol and other drugs, without the imperative preconization of abstinence. [*...Reduction of damages is for the person to reduce even more, right, of drinking, using drugs, even the time a person stays here is a reduction of damage, they are in here, not in the streets, I think that is it... It brings results, if I was not in here I was out there doing God knows what? Drinking... Reducing damage is cool... and the reduction of damage is not only that, it is to pay attention to your own health... if I knew that the reduction of damage was like this, I would have been here long time ago. I will reduce the damages, financial, emotional damages, in all the areas... this criterion of Reduction of Damages is the only way to treat a drug addict... Now, what I think is cool about the treatment here, is that they do not make you stop, understand, like A.A. They prepare you to decrease and have a conscious control...].*

The discourses bring the recognition that, for the service, the fundamental principle that guides him is the respect to freedom of choice, since the studies and experience of the services show that many users, at times, cannot or won't stop using drugs, and even so, need to have the risks caused by the use minimized. It is indefectible that the abstinence cannot be the only objective to be reached in the healthcare services offered to drug users, therefore the workshop for damage reduction. The reduction consists in a set of measures of public healthcare turned to minimizing the adverse consequences of drug use. The logic of damage reduction “is based in the principles of tolerance (accepts the choice of the other in continuing using drugs), solidarity (establishes a relation of aid between moral equals) and trust (believes that the users are capable of taking care of themselves)⁽¹¹⁾”. This definition depicts the collective discourses for bringing a frank and respectful dialogue with the users, enabling that they have autonomy to make decisions regarding the way of using, in dealing with daily difficulties, and in relation to how they will guide their treatment.

The approach of damage reduction put to action strategies of self-care fundamental to the decrease

in vulnerability, besides been appointed as a way of intervention in public healthcare that promotes health, since it enables individuals and collectives to increase the control over their health determinants, seeking, therefore, the feeling of a greater control of their own lives.

6. Discourse of the users regarding the partnerships established by CAPS

Central idea – forwarding to other healthcare institutions fit the principle of integrality, taking care of the individual in a wider sense. [*... I went in and was received by the Social Worker saying that I belonged to CAPS Alcohol and Drugs - Pernambuco and sent me here... And at first, I was very well received, right, the treatment has begun, I have done the medical exams, clinical exams, here at CAPS they have a partnership with the clinic at Pernambuco, they take us, right, then the assistance here is very good... Let's say you have a cold, or a neurological problem, this central here – CAPS, have specialists to detect and send you to treatment, pick you up and provide medication... There are no lines, the van comes and goes, it is the best care, the driver laughs along with us. Wow, here is great, it is wonderful. CAPS is a place given by God...].*

In the collective discourses, it was identified something expensive in the attention to health which is how you care for it. The follow-up happened to users by a multi-disciplinary team, enabling the exchanges of practices and knowledge. Seeking the promotion of a wide and fulltime care. The integrality and the accessibility are two important principles of SUS, because they present the ethical dimension in healthcare that must be represented in the actions developed for people and services that build a network of integral attention⁽¹²⁾.

Therefore, the partnerships established work within the conception of wide clinic, starting from the principle that works with the intervention in the subjective plain as well as in the network of relations, in which the subjects are involved – family, work, leisure, among other relations. It is seen, in the discourse of the users, that this partnerships make possible, still, that a set of interventions based in their demands are met. This type of intervention in the several dimensions in life, gain a special and powerful outline of meaning and sense for clinics with subjects. The institutions that are more aware are the ones that transcend the life of the subject, encompassing, especially, in their family, their social role and culture.

7. Discourse of the users regarding CAPS as a place that should discipline and establish rules

Central idea - CAPS, for been a healthcare institution and seek treatment, it is seen as place for protection that does not impose limits and should assume this place. [*... Here is the deal: the case I am talking about, it is not about the treatment itself, is about the respect of the individuals treated at the center, in the case of a citizen that cannot control him/herself, and that is using, coming here, it would be good how it happens here, be warned, even be suspended, if the case may be, the person should be warned, a punishment, not always the person is caught using, smelling of alcohol, or with that stench of grass, as the mass would say, if it is treatment why use it then? Because many people came here to be able to use it, they go out and about*

and do not realize it, they are stoned... Put order in the direction, check the some of the people's bags... Demand more from us. Really determine. Unite the useful with the pleasant. Absent for fifteen days; quit them out, because they are not even coming. If you don't want to come, don't, you see?...

The rules are seen as normal and necessary by the users, however, in the collective discourse it becomes evident that the demand for their commitment must be more rigorous when related to the frequency and the implication in the treatment, even as a way to enable collective living. Probably this demand for abiding to the rules is marked historically in mental healthcare institutions; this way is used to keep the order and discipline. According to the collective discourse, indiscipline consist in situations related to – time (delays, absences, interruption of tasks), activities (lack of attention, negligence, lack of zeal), behavior (rudeness, disobedience), the discourses (insolence, blabbering), the body (“incorrect” attitudes, improper gestures), sexuality (immodesty, indecency)⁽¹³⁾, it is also cogitated, that these rules are used as title of punishment. However, we cannot forget that discipline “builds” individuals; it is the specific technique of a Power that takes over the individuals at the same time as objects and as instruments of its exercise.

Discussion: the feeling of the discourses

The discourses produce feelings as the subjects position themselves in the relations established with the day to day of CAPSad and present themselves, by discourse. The inter-connection of the discourses of the collective subject is in the axis of construction of narratives creating bonds between experienced events and feelings, true dialogues, in which there is the recognition regarding the care offered at CAPSad as humanized. It is like the humanization is confirmed by having incidence over logic of the organization system of the healthcare practices and brings impact for the efficacy of the action to reduce the use of alcohol and other drugs.

In society, the drug user, or simply, the category of user, comprise in a moral and medical accusation, in which the aspect of the disease is give beforehand⁽¹⁴⁾. This concept guides the practices taken as official – exclusion of those deemed not fit and the surprise of used facing the possibility of new types of care, based in the production of life and subjectivities, co-responsibility, based on listening relations, from the bonds and commitments of intervention projects.

The feeling of taking care of the user appears as an important factor of effecting the humanized assistance, the discourses make reference to the workshop for damage reduction as treatment strategy adopted by CAPS that has greater impact in consumption, as well as reduction of harm cause by the abusive use of psychoactive substances, without the imperative preconization of abstinence. This treatment strategy allows users to have autonomy to make decisions relating to its manner of use.

The reduction of damage replaces repression pure and simple to the use of psychoactive substances, comprising

a set of strategies for the social inclusion of the drug user. The reduction of damage is set in five basic principles: 1) is an alternative of public healthcare for the moral, criminal and disease models; 2) recognizes abstinence as the ideal result, but it accepts alternatives that reduce the damage; 3) it emerged as basically an “ascending” approach, based on the defense of the dependant, instead of a “descending” policy, promoted by the formulators of drug policies; 4) access to low demand services as alternative to the traditional high demand approaches and 5) based on the empathic pragmatism versus moralist idealism⁽¹⁵⁾.

Sending subjects to other healthcare institutions fit in the principle of integrality, taking care of the individuals in a wider form. It is the integrality thought as a network, as the objective of new practices of the healthcare team, it is the understanding that the integrality happening from CAPSad it is never happening in Just one place, because the improvement of life and health conditions is an inter-section effort⁽¹⁶⁾. Therefore, it can be seen in the discourses that the partnerships with other institutions allows the creation of a set of interventions based in the demands of the users.

Despite the discourses make reference to the humanizes care given at CAPSad, the collective points out, as a service limitation, the need for more discipline and rules, to maintain order, especially when related to the frequency and the implication in the treatment, even as a way to enable collective living. The power of rule and discipline prescind the individual differences inducing that the service works within a homogenous system.

The discourses leave no doubt that the attention and availability of the healthcare professionals are determining factors for the quality of service, allowing to weave, together with the user, new social and healthcare networks, in which investments star to make more sense. Therefore, individuals motivated to assistance can review their concepts and plan changes that help establish other priorities in their life that it isn't drug use.

Final Considerations

The intention was to develop a research that could collect information on the activities and characteristics of CAPSad, to subsidize future decision making in the attention to the alcohol and other drugs users. The methodological proposal was of fundamental importance for this investigation, since, through this pathway, we could understand how the user perceived the service.

Based on collective discourses, we believe that CAPSad further the discussions on the real mission of the services for the population of users, and must recognize the difficulties and needs of this group. It is in this satge of contradictions and this tight rope called life that the user are constantly in balance, step by step, teir trajectories, sources of feeding to face the number of challenges in a world seldomly starred by them. It is in this tight rope of drug use that they show their joy for life and freedom, and also, catch a glimpse that it is possible to find other more dignified places and suitable to the complexity of drug use.

References

1. Ministério da Saúde (BR). A Política do Ministério da Saúde para Atenção Integral a Usuários de Álcool e Outras Drogas/Ministério da Saúde, Secretaria Executiva, secretaria de Atenção a Saúde, CN-DST/AIDS. Brasília (DF): Ministério da Saúde; 2003.
2. Lefrève F, Lefrève AM. Depoimentos e Discursos: uma proposta de análise em pesquisa social. Brasília: Liberlivro; 2005.
3. Ministério da Saúde (BR). Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Brasília (DF): Ministério da Saúde; 1997.
4. Franco TB, Bueno WS, Merhy EE. O acolhimento e os processos de trabalho em saúde. *Cad Saúde Pública*. 1999;2(15):345-53.
5. Merhy EE. Em busca da qualidade dos serviços de saúde: os serviços de porta aberta para a saúde e o modelo tecno-assistencial em defesa da vida In: Cecílio LCO, organizador. *Inventando a mudança na saúde*. São Paulo (SP): Hucitec; 1994. p. 117-60.
6. Ayres JRCM. O cuidado, os modos de ser (do) humano e as práticas de saúde. *Saúde Soc*. 2004;13(3):16–29.
7. Pinheiro R, Ferla A, Silva JAG. Integrality in the population's health care programs. *Ciênc Saúde Colet*. [online]. 2001.
8. Sistema Único de Saúde (BR). [Página na internet]. [acesso 21 out 2009]. Disponível em: <http://www.consaude.com.br/sus/indice.htm>.
9. Ribeiro RCF. Oficinas e redes sociais na reabilitação psicossocial. In: Costa CM, Figueiredo AC, organizadores. *Oficinas terapêuticas em saúde mental: Sujeito, produção e cidadania*. Rio de Janeiro: Contra Capa; 2004. p. 105-16.
10. Deleuze G. Que és un dispositivo? In: Foucault M. *Barcelona*: Gedisa; 1990.
11. Deslandes S. Drogas e Vulnerabilidade às Violências. In: Minayo C, Souza E, organizadores. *Violência sob o olhar da saúde: a infrapolítica da contemporaneidade brasileira*. Rio de Janeiro: Fiocruz; 2003.
12. Cruz MS, Ferreira SMB. O Ensino de Cuidados Primários em Saúde Mental sob o Signo da Desinstitucionalização. *Cad IPUB* 2007;(24).
13. Foucault M. *Vigiar e Punir – História da violência nas prisões*. 35. ed. Rio de Janeiro (RJ): Vozes Editora; 2008. 288 p.
14. Velho G. organizador. *Desvio e Divergência: Uma Crítica da Patologia Social*. Rio de Janeiro: Zahar; 1978 .
15. Marlatt GA. *Redução de danos: estratégias práticas para lidar com comportamentos de alto risco*. Porto Alegre: Artmed; 1999.
16. Cecílio LCO. As necessidades de saúde como conceito estruturante na luta pela integralidade e equidade na atenção à saúde. In: Pinheiro R, Mattos RA, organizadores. *Os sentidos da integralidade na atenção e no cuidado à saúde*. Rio de Janeiro (RJ): IMS/UERJ/Abrasco; 2001.

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