

Discourse Analysis about Harm Reduction in a CAPSad III and a Therapeutic Community

Bruno Carvalho¹

Curso de Psicologia, Universidade Potiguar, Natal, RN, Brasil

Magda Dimenstein

Psychology Department, Federal University of Rio Grande do Norte, Natal, RN, Brazil

Abstract

The Harm Reduction proposal has been used for establishing health policies that aren't solely focused on abstinence from psychoactive substances. The moral prejudice and resistance presented by professionals when dealing with the proposal is a difficult in its implementation. We set to investigate the mindset and practice of Harm Reduction in a Psychosocial Care Center for alcohol and drugs (CAPSad III) and in a therapeutic community. This is a qualitative study with 21 semi-structured interviews conducted with the said professionals and 5 group talks with users. We identified in both institutions that Harm Reduction is an idea that receives low support and is not fully incorporated to the service routine. It is also seen as a less complex and cheaper strategy. Harm Reduction is not an operational part of the professionals' repertoire, and they do not inform users of many possible treatments within the health system. The users show themselves to be receptive toward Harm Reduction when it comes to facing the struggles and risks that come from abusing psychoactive substance; they also recognize the positive effects of the Harm Reduction proposal, especially when it comes to adherence to treatment and relapses.

Keywords: Harm reduction, alcohol, drugs, Psychosocial Care Center, therapeutic community.

Análise do Discurso sobre Redução de Danos num CAPSad III e em uma Comunidade Terapêutica

Resumo

A proposta da Redução de Danos (RD) tem sido utilizada na elaboração de políticas de saúde que não estejam focadas somente na abstinência de substâncias psicoativas. O preconceito moral e a resistência dos profissionais em trabalhar com a proposta é uma dificuldade para sua implementação. Este estudo objetiva investigar concepções e práticas de RD num Centro de Atenção Psicossocial Álcool e Drogas III e uma Comunidade Terapêutica. Trata-se de um estudo qualitativo que realizou 21 entrevistas semiestruturadas com profissionais e 05 rodas de conversa com usuários. Identificamos em ambas as instituições que a RD é uma proposta que recebe pouco apoio e não está incorporada à rotina dos serviços, sendo vista como uma estratégia menos complexa e mais barata. A RD não é operacionalizada no cotidiano pelos profissionais que não informam os usuários sobre diversas possibilidades de tratamento no sistema de saúde. Os usuários mostram-se receptivos à RD no enfrentamento das dificuldades e

¹ Mailing address: Rua do Diamante, 313, Apto. 1, Bairro Lagoa Nova, Natal, RN, Brazil 59076-260. E-mail: brunoakpereira@gmail.com

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riscos decorrentes do abuso de substâncias psicoativas; reconhecem os efeitos positivos dessa proposta, especialmente no que diz respeito à adesão ao tratamento e recaídas.

Palavras-chave: Redução de danos, álcool, drogas, Centro de Atenção Psicossocial, comunidade terapêutica.

Analisis del Discurso sobre la Reducción de Daños en un CAPSad III y en una Comunidad Terapéutica

Resumen

La propuesta de la Reducción de Daños (RD) ha sido utilizada para la elaboración de políticas de salud que no estén enfocadas solamente en la abstinencia de sustancias psicoactivas. El preconceito moral y resistencia de los profesionales en trabajar con la propuesta es una dificultad para su implantación. Nos proponemos investigar concepciones y prácticas de RD en un Centro de Atención Psicossocial a Alcohol y Drogas III y una Comunidad Terapéutica. Se trata de un estudio cualitativo que realizó 21 entrevistas semiestructuradas con profesionales y 05 ruedas de conversación con usuarios. Identificamos en ambas instituciones que la RD es una propuesta que recibe poco apoyo y no está incorporada a la rutina de los servicios. Es vista como una estrategia menos compleja y más barata. La RD no es operacionalizada en el cotidiano por los profesionales, que no informan a los usuarios sobre diversas posibilidades de tratamiento en el sistema de salud. Los usuarios se muestran receptivos a los principios de la RD en el enfrentamiento de las dificultades y riesgos derivados del abuso de sustancias psicoactivas; reconocen los efectos positivos de la propuesta de RD, especialmente en lo que tiene que ver con la adhesión al tratamiento y recaídas.

Palabras clave: Reducción de daños, alcohol, drogas, Centro de Atención Psicossocial, comunidad terapéutica.

The policies related to drug control are currently under changes, and following that direction, many countries from Latin America and Europe have changed part of their legal and therapeutic procedures (European Monitoring Centre for Drugs and Drug Addiction, 2005; Jelsma, 2009), being Uruguay the main participant of this process since it became the first country in the world to have a completely regulated system of production and consumption of marijuana. This process is a result of criticism from many sectors of society when evaluating the current system of prohibition and control of narcotics as ineffective to suppress social and sanitary problems associated with the usage of psychoactive substances (PAS), which, to some evaluators, originated worse consequences than those of abusive drug usage. This system violates human rights and generates violence (Werb, Rowell, Guyatt, Kerr, Montaner, & Wood, 2011), espe-

cially towards young underprivileged men, is a threat to democracy in some regions and is liable to the maintenance of national and international criminal organizations (Bastos, Karam, & Martins, 2003; Global Commission on Drug Policy, 2011; Nadelmann, 2005).

Harm Reduction (HR) was the first movement to criticize the international model of drug prohibition to receive world support. This new way to understand the consumption of PAS started in the 1980's with the creation of programs to replace needles to contain the spreading of hepatitis, and later, HIV and other infectious and contagious diseases, among injected drug users. There is not an exclusive concept of HR, and it refers, basically, to intervention policies and programs, minimizing risks, without necessarily reducing the individual consumption of psychoactive substances. To that purpose, it seeks to distinguish the effects on the health

and community relations of individuals, as also the economic costs and social impacts related to drug policies (Newcombe, 1992).

These distinctions point out the variety of interventions based on its principles, which rendered HR as a fundamental concept on community health, in addition to the possibility of applying it toward many health problems, and not only to illegal drugs (Fontanella & Turato, 2005). We understand that HR is not only a set of health care techniques, but also as a breakthrough care initiative of people with problems related to the abuse of PAS, based on human rights, individuality and will of those individuals (Canadian AIDS Society, 2008). Such initiative strives to recover of the aspect of freedom in a field marked in its history by the moral imposition and behavior control as core to drug addiction treatment.

HR aims to break away with previous drug stigmatization models, in order to stimulate the creation of other therapeutic possibilities related to consumption and addiction. It considers that PAS are part of life and human culture for millennia, being used for therapeutic and recreational ends, and so, proposing a drug free world is an unrealistic goal (Hunt, 2003). That way, HR does not require abstinence as a pre-requisite to continue participating in health care programs, but instead seeks to create non-forceful approaches to the adoption of services, establish a friendly relation between practitioners and users (Canadian AIDS Society, 2008), in addition to include them as participants in producing care (Souza, 2007).

Therefore, HR is not focused on the approval or disapproval of usage, since its interventions are not based on moral matters. The individual that uses legal or illegal substances is a human being and, above all, needs to have his or her rights respected, including their decision to maintain consumption. It also considers that PAS users and their relatives are capable to make decisions, a key point to the creation of a less hierarchical and more friendly relation with health care practitioners (Canadian AIDS Society, 2008; Fontanella & Turato, 2005).

This perspective is set against the idea that PAS users do not have conditions to reflect upon their consumption and also do not change of their own free will their consumption patterns. Recent empiric studies demonstrate that users considered addicted to cocaine and methamphetamine are capable to make rational decisions when facing consumption situations, as well as control craving using cognitive strategies (Lopez, Onyemekwu, Hart, Ochsner, & Kober, 2015; Vadhhan, Hart, Haney, Gorp, & Foltin, 2009).

Historically, Brazil, and Latin America may be included also, have always been aligned to prohibitionist policies and their interventions followed the medical-legal model (Rodrigues, 2006). In that model, PAS users are considered sick or criminals, and are destined to psychiatric admission or to prison. In that regard, the HR is between the clinical and politic approaches, since from its beginning it contests the hegemonic policy of criminalization of drug use (Passos & Souza, 2011). It is convenient to point out that, although the health risks the excessive use of some PAS may offer, the strategies of social control and power are not to be concealed, operating through the authority of public policies related to drugs, especially the emergency measures, the “zero tolerance” measures or police enforcement measures (Alarcon, 2012; Escotado, 1998; Levine, 2003; Passos & Souza, 2011).

From the 1980's, with the appearance of AIDS and its spreading among the users of injected drugs, the Brazilian drug policies suffered changes and some actions began to be put to practice by the Ministry of Health. The HR appeared as an action focused on preventing infections among injected drug users, with a concrete intervention, the replacement of needles and syringes (Souza, 2007). However, during the 1990's, Brazilian users modified their consumption patterns and went from the use of injected cocaine to smoked drugs (crack), a change observed in many countries in the world, causing the intervention of replacement of syringes to lose strength. That compelled the Brazilian government to propose new strategies, and in the

beginning of the 2000's, the HR suffers changes, causing it to be an expanded proposal of health care production. In this manner, it gains legitimacy and takes on a central role on policies related to alcohol and drug (AD) consumption.

Presently, the Brazilian Ministry of Health works on building a service network under the principles of the “*Sistema Único de Saúde*” - SUS (Unified Health System) and the psychiatric reformation, culminating in the Decree 3.088 from 23/12/2011, establishing the RAPS (Psychosocial Attention Network, in Portuguese), for individuals with necessities caused by the usage of AD. This network establishes interventions organized in seven levels, ranging from basic attention to social. At RAPS, the CAPS (Psychosocial Attention Center, in Portuguese) take on a central role in coordinating the various services it accommodates, as well as a reference location on care for users and relatives. There are 2.678 CAPS in the country (Data SUS, 2015), and 308 of this total are units of the CAPSad type, for users of alcohol and other drugs.

From the same decree, the Therapeutic Communities (TC) also became part of RAPS as temporary domestic attention sites. According to the CONAD N° 01/2015 Resolution, from the National Council of Drug Policies (CONAD, in Portuguese), the TCs must adapt to the directives that recommend the deliberate admission and only after the evaluation of a health care service or qualified professional, as well as coordinate with the various health and social services that belong to the area. However, the majority of the TCs do not coordinate with the remaining RAPS services, and seek to create their own strategies so that their participants remain in contact with them, even after rehabilitation (Dias, 2012). Usually, in Brazil, they are created without the orientation of practitioners, do not follow the SUS parameters, are organized by volunteers without technical training, generally work with prolonged admissions and have as institutional directive the Christian religion. At the census conducted in 2013 by the National Secretary of Drug Policies were registered 1.846 TCs in the country, but an online research of the “*Crack é*

possível vencer” program this number decreases to 366 communities, with a total of 7541 vacancies. On both estimations the TCs exceed in number the CAPSad, indicating that AD user care is intensively expanding in non-government regulated, highlighting the ambivalence that surrounds the subject in the country.

Thus, by the importance of HR in the global AD user care context, and being the official directive of mental health policy in Brazil since 2003 to deal with the consumption of PAS (*Ministério da Saúde*, 2004), for the moralizing resistance and behavior observed among health practitioners (Amaral-Sabadini, Saitz, & Souza-Formigoni, 2010), the present study sought to know conceptions and practices of HR among practitioners and users from two institutions of specialized care to AD users, those being: a CAPSad III (open 24hs) and a Therapeutic Community.

Method

Participants

The overall sample containing both institutions is composed of 21 practitioners and 63 users. At CAPSad III were selected 16 practitioners: coordinator (psychologist), administrator (educator), nurse, Physical Education teacher, nutritionist, social worker, general practitioner, psychiatrist, pharmacist, harm reduction worker, psychologist e five medical technicians. The inclusion standard was to interview, at least, one individual from each professional category and perform interviews until the saturation of information. Taking in consideration the restricted number of TC workers, there was not an exclusion criterion and none of the workers refused to participate in the research. In this manner, it was possible to interview all members of the staff and the sample was formed of 5 coordinating practitioners, namely: the president; the “godfather”, the second in the institutional hierarchy; and the three interim coordinators, though they were at the last month of the experience period at the community. In regard to the users from CAPSad III, 33 individuals were available to participate

in the research, and only two were female. From the TC, all 30 interns of the institution participated, all of them male.

Instruments

The methodological tools used to achieve the goals of the research were: semi-structured interviews with practitioners, group discussions and social-demographic forms with users. The semi-structured allows the access to more detailed information and assists both the interviewer and the interviewee to organize and combine all points of the argumentation, contributing to better examination of the objectives of the research (Breakwell, Fife-Schaw, Hammond, & Smith, 2010). The group discussion is a participatory methodology that seeks to create dialogical conditions to reflect upon information, experiences, knowledge and behavior of a group. It is identified as an occasional intervention and it has been applied in various contexts when the goal is to promote a proper consideration and built upon the needs and traits of a specific group (Afonso & Abade, 2008).

Two interview scripts were used, one with institutions coordinators and another with the remaining practitioners. With the coordinators, it was sought to reconstitute the history of the institution, to characterize its operation, to expound the goals of therapeutic interventions and how the concepts from HR are used in its practices. The script used with technicians focused on the activities developed at work, their concepts and actions on HR, an evaluation of HR, the challenges in relation with HR and how it operates on their daily work. The interviews were recorded without identification, transcribed and had an average length of 45 minutes. Five group discussions were held, three at CAPSad III and two at TC, with an average length of 55 minutes each. The following aspects were observed: the evaluation of the users on the institution, their concepts on HR and their personal strategies of HR. the group discussions were recorded and transcribed for later analysis, and the names of the participants were not identified. From the users it was also required to fill out a socio-demographic form with social and financial condition

information, in addition to identifying which kind of PAS consumption compelled the user to seek the service, and how many times the user has been in treatment. In total, 56 forms were filled out, used in the users sample description, and this step took 15 to 20 minutes.

Methodological Procedures

In the present study, the ethical precepts and the assurance of a participation of anonymous and voluntary character, and the free and informed consent term was presented and signed at the start of each data collection activities, occasion where the goals of the research were explained and the use of the voice recorder was informed. Only after the participants accepted the conditions the data was gathered. The research at the CAPSad III started out with the presentation of the project to the City Mental Health Coordination Office, which granted authorization to the project's continuity. Afterwards, an interview was conducted with the coordination of the service itself. Following this initial moment, ten visits were made to the institution, during an average of three hours, for a total period of 30 days from the first to the last visit.

At the TC, the initial contact was made by telephone, and in the occasion the research was presented and it was inquired if the community would be one of the places of data collection. After receiving authorization, a field visit was organized to stay inside the community for the period of four days, and inside that period the researcher participated in all daily routine activities, working, praying and socializing. Following a short entry period in the institutions, adopted to get to know the routine and the individuals responsible for the services, the invitations were extended to practitioners to participate in the research, and after their agreement a date and time was set for its execution and those were performed at closed doors to keep secret.

The group discussions started by the filling of the social-demographic form, time that the researcher expounded the participants in filling the form, first collectively and immediately answering questions, and afterwards in an individual level, close to participants that presented greater

difficulty to understand the instrument. Following the closing of this step, the group discussion started by the initial question relating to their knowledge of HR.

Data Analysis Procedures

After the transcribing of the recorded material, interviews and group discussions, the first step was to describe the operation of the institutions. The main source was the interviews with the coordinators, complemented with information from the technicians, independent considerations and, for the TC, the internet website. The second step was the organization of the transcribed material in two pre-established categories, according to the specific objectives of the research, namely: HR concepts and HR practices.

From this categorization, the interviews with practitioners were systematized firstly. The results related to the practitioners from the CAPSad III and from the TC are presented separately on the results sections, since the contents of the speeches have distinct characteristics. In turn, the categorizations of the user group discussions from both institutions were complementary to the understanding of HR, and therefore are presented together, and when necessary, it is pointed out the specific characteristics that are distinguishable from one institution to the other. This approach was chosen to avoid repetition in the results and to better visualize the speech of the users relating to the institution speech.

After both of these stages, we elected an analyzer to guide the discussion on the data. An analyzer is that which brings to light what is not visible inside an institution, and is an event that allows the capture what is across different discourses (Lourau, 1993). Therefore, for the necessity of the analyzers, we use the discourse analysis, performed under the theoretical assumptions of Foucault (1979/2009, 1970/2010), in which we take the discourse based on two characteristics. First, the discourse is not acknowledged as opposite to “real” practices, but that the discourses connect and sustain ways to do and to be in the world. Second, the discourse of the research subjects and their speech are not

an individual construct and do not occur from a dialectical and rational process of consideration of different arguments and their proximity to truth. Instead, we understand that the discourse as an expression of a combination of forces, a combination that is always collective, and often composed of contradictory elements.

Therefore, the analyzer seeks to point out the different influences that compose the institutions, expressed by the discourse of individuals that participate in the service; thus, the discourse is interesting to us because it is a way to explore the field that transcends the individual concepts on the abusive use of alcohol and other drugs, that works to support the services, but indicate the possibilities of change.

Results

User Profile

It is a heterogeneous group, the majority of its members male, 61 of 63 individuals, with an average age between 30 and 50 (Average = 39.69; Standard Deviation = 10.9) and an income up to two times the minimum wage. It was verified that the participants have a history of more than one treatment (average of 3 attempts) and use mainly alcohol (35.7%), followed by crack (21.4%). None of the users reported to be addicted exclusively to *cannabis*.

Institutions

The first institution to receive the research was the CAPSad III. It is organized based on the principles of the Brazilian psychiatric reformation and on HR. It is an open community service that should welcome any person, from both sexes, and provides seven beds for admissions up to fifteen days. To that purpose, it has a multiprofessional staff of 34 technicians and support staff (cook, janitor, general services assistant). The technical staff works to perform triage, therapeutic groups and orientation to relatives, case evaluation and preparation of individual therapeutic projects together with the user, in addition to handling the general services routine. Also, medical checkups (general clinic and

psychiatry), psychological consultation and distributing of medication by the nurse staff, which also attends to the interns. In average, 130 individuals are attended monthly, 20 triages and 10 re-triages are performed, indicating a high user turnover.

The second researched institution was a TC, a religious association recognized by the Catholic Church destined to sheltering chemical dependents and operates based on the principles of work, interaction and spirituality. Their units are divided between female and male units, and the admission occurs in a twelve month period. To join the TC it is necessary that the individual write a letter explaining the reasons that made the individual to seek the institution and pay a monthly fee equal to the minimum wage during the stay. Visits from relatives happen once a month, starting from the third month of admission. The staff in charge is composed of five volunteers responsible to maintain the daily routine of the 30 interns, although the maximum capacity is of 70 people. The routine starts at 6:30am with a rosary prayer; there are two working sessions, one during the morning and one during the afternoon, making a total of five hours of work; and in the occasion of the research, the work activities were: collect sticks from the woods to build fences, gather cashews and cashew nuts from the orchard, make cashew sweets, take care of the garden, make bread and cook; four meals were served daily and the activities of the day end at 10pm. In 2012, the TC admitted 79 individuals, but only 15 of those stayed the whole period, indicating a resistance of interns in completing the treatment cycle of the institution.

HR according to Practitioners of CAPSad III

The HR is considered as a fundamental directive of the service by the practitioners, once that the users relapse and abandon the treatment numerous times. Therefore, what is sought by the institution is to reduce health problems related to the abusive drug use, and abstinence being the minority of the cases. For the technicians of CAPSad III every reduction of drug use is HR.

However, in spite this speech, the practitioners do not identify the service as a space to operationalize HR, since they do not work directly with the proposal. The practitioners regard HR as an alternative to compose their action strategies, but regard it as a less complex and cheaper strategy, opposed to traditional treatment that have as goal the abstinence, which are considered superior treatments and that are the current goal of the service.

The HR principles operating at the CAPSad III are: user self-reliance in regard to treatment goals, humanized care and reception even when under effect of PAS; social reintegration along with the family and aid in the search of professional activity. It is possible to observe that the propositions are not exclusive and typical of HR policies, but are general directives of Brazilian policies of mental health. Those which include the occasion of usage as intervention focus are not regarded as official actions of the CAPSad III, even though they are applied according to necessity of each case, as for example the substitution of crack for marijuana.

The technicians consider that although some users take benefit or that it is the only alternative to others, the practice of HR is in conflict with the objectives of the CAPSad III, indicating the difficulty to overcome moralizing perspectives related to the consumption of PAS. Furthermore, there were not registered HR actions such as: promotion of the replacement of syringes, disposable needles and inhalers, provision of information about the risks associated to consumption, especially about HIV and Hepatitis C among injected drug users, and other treatment possibilities at RAPS. The lack of information and technical support on HR, its principles, interventions and the means of operation in the service is one of the most evident results of the research. In other words, the CAPSad III founds itself outdated in regard to what has been developed in the world related to HR. This reinforces the moralizing conceptions on the users of PAS, prevents the development of pragmatic strategies aligned with the goals of the users, hindering the operationalization of HR.

HR according to Practitioners of the TC

The TC practitioners do not recognize HR as a directive able to compose the work methodology. They emphasize the negative aspects of HR, suggesting that it can, in the long term, act in the maintenance of the chemical dependence, because it does not have abstinence as the goal. In this manner, HR would facilitate the consumption and would stimulate the practice of illegal activities to acquire drugs. In addition to this distorted perspective on HR, it is noticed that the whole preventive and health-promoting potential HR brings is disregarded inside the TC. The therapeutic proposal of the admission at the TC implies, according to the coordinators, in a profound life transformation. The continued consumption, even with “lighter” drugs, as marijuana, does not modify the condition of the user, who would follow an empty life and without the possibility of individual development. Therefore, HR is understood as a low quality treatment, once it does not solve the problem in a definitive way. It is understood that this proposal is a deed against the dignity of a human being, preventing the possibilities of action and growth.

HR according to Users of CAPSad III and of the TC

In regard to the conceptions on HR, it was remarkable the lack of knowledge of the proposal. Facing this unawareness situation, the researcher presented some principles of HR, such as: abstinence not being a pre-requisite to receive care from health staff; a more friendly care from the practitioners to the users and the expansion on the interventions related to the consumption of PAS, that in this perspective, may include information and distribution of equipment for a safe consumption. Later, it was inquired about the changes occurred after the beginning of the treatment, in terms of health, work and family relations. At CAPSad III the users comprehend these changes, such as retaking on working life and/or accept family responsibilities, as consequences of the treatment received at the

service. Over the TC the changes are attributed to divine providence, since they are living the word of God.

On both institutions the participants highlight the quality of the care received, that during their life as a user of PAS they suffered marginalization and discrimination, yet in these institutions they were received with respect and treated with care by the practitioners and treatment companions. It is pointed out that only at the CAPSad III this can be extended to times where the substances are consumed.

In relation to the practices used by the users of both institutions to reduce damage related to the consumption of AD, they do not consider to be possible to moderately consume alcohol, cocaine or crack, despite the desire to occasionally use these substances, retaking a time in their lives where they had fun, without facing larger problems due to consumption. They state that as they try to use occasionally the substances, they end up retaking the compulsive consumption.

Some considerations were made about the implication to have consumption as an acceptable approach inside the treatment. In this manner, the usage of alcohol and drugs, appointed as “relapsing” and considered unavoidable by users, would not be so damaging if HR was the goal, and not abstinence. Only with the TC group, the religious morality as the foundation of the treatment was considered a feature that would increase the negative aspects of a new occasion of the consumption of alcohol and drugs, since the religious orientation strongly condemns these situations, reinforcing the tendency of the users to hide and not seek help. Strategies such as not sharing consumption utensils, to smoke crack only on pipes and not tin cans, and eat during the period of consumption were mentioned only once at a group discussion at the CAPSad III. The most frequently situation found about HR practices concerns to the strategies created to avoid risk situations and change focus, since it is understood that not consuming PAS is harm reduction. Sharing these strategies with the group presented as an important action to avoid new consumption occasions.

A highlight point on individual HR strategies, present only among the users of CAPSad III, is the relation established with the use of psychotropic medication prescribed by the doctors at the service. Once the discussion on HR was started, the first example pointed was the attempt to reduce the consumption of psychiatric medication. It is regarded as a positive aspect of the CAPSad III, for in this institution (as opposed to psychiatric hospitals) the medication serves only as support during toughest times, and the negative side effects due to abusive use are emphasized. The perception about the damages that the excessive use of medication may bring, especially when facing the discrimination that chemical dependents would always like to receive more drugs, legal or illegal, is an important point of the research. These speeches say much of the self-reliance of the users and the ability to criticize the use of prescribed medication.

Another issue identified is that the substitution (cocaine/crack for marijuana) was not found among the participants of the research. With the exception of one individual that reported to use *cannabis*, the remaining individuals reported that they had no desire to smoke, and admitted that were previously consuming marijuana and it was common to consume it along with crack. However, the combined consumption of alcohol and crack was reported by the majority, and so, the users pointed out that it is key to remain abstained of alcohol to control the addiction to crack. Finally, we did not identify interventions on both user monitoring services during the consumption period.

Result Discussion

The research revealed that HR is seen as a less complex and cheaper strategy, opposed to traditional treatments that have as goal the abstinence, which is the objective of both researched services. HR is not operationalized by the practitioners on the daily routine as a strategy of information about the treatment possibilities at RAPS, of consumption reduction, of prevention of related risks, health promotion and introduction to social reintegration programs. In this

manner we consider this as the great analyzer of the study.

Initially, the discourses of both staffs may seem antagonistic, since CAPSad III supports the proposal and the TC completely denies it as a directive. Aspects as the humanized care and the self-reliance of users, that were emphasized by CAPSad III are elements that do not go against the principles of the TC, as it was previously observed.

Therefore, the case is that HR is considered an important aspect for the work of CAPSad III, as a health directive, but its interventions are disregarded, being an option only when abstinence cannot be reached. Mota (2012) obtained similar results when observing practitioners that added HR elements to their speeches continue, however, to sustain that a healthy life no PAS is to be consumed. Also, according to the author, the practice of these practitioners seeks to exert control over the user, and that control is legitimated by the power of knowledge and based on the idea that drugs are an agent posing a major threat to society, and therefore are to be fought.

We have identified that the practitioners from both institutions do not use HR as a health promotion strategy and do not operationalize discussion groups about the proposal in the service's daily routine, or interventions with the users. However, the users demonstrated to be more susceptible to new action strategies in this perspective. The speech from interns of TC on the benefit they would have if they were attended at the CAPSad III point to that direction, as well as personal strategies to face difficulties during treatment, which may include moments of PAS consumption.

The moralizing treatment is the principle of action of both institutions. In it the consumption of alcohol and other drugs is condemned and the accountability of the individual is amplified, both as the cause of the addiction of the individual and as the change in the individual's life situation (Marlatt & Gordon, 1993). These issues are in accord with the fragility of harm reduction policies in Brazil, those being: the practitioner's precarious work situation, the absence or difficulty to monitor developed

actions, the difficulty to bind users to a continuous treatment and financing problems that affect the sustainability of the services (Inglez-Dias, Ribeiro, Bastos, & Page, 2014). In this manner, these factors combined, along with the lack of technical upgrade spaces and institutional supervision, contribute to the maintenance of moral discourse.

In this form of understanding the treatment of AD users, the relapsing experience is not tolerated. The particular use of this term, relapse, indicates the crossing between health and religious moral. Other terms could be used to characterize this new occasion of AD consumption; however “relapsing” does not expose a health problem, but a downfall of the soul, which is carried away by temptations and deviates from the path of “salvation”, when retaking the empty pleasure of drug use. These are always associated with a death wish, health carelessness and criminality (Souza & Carvalho, 2012).

Thus, while abstinence is salvation and health, the continuous relapsing that occur during treatment is seen as a sickness, and this behavior is what the institutions want to change to recover the chemical dependent. Therefore, the role of the institutions is to have the individuals (re)acquire the control over their decisions and behavior, lost due to the state of addiction. And to fulfill that role, two measures are used: the psychological strengthening and the subversion of the request.

The first is related to abstinence as the goal to be achieved. For this, the treatment seeks to set up a control attitude, which combined with the concept that chemical dependency is a sickness without cure, is to be maintained forever. The therapeutic techniques which seek to strengthen the psychological control of users (psychotropic medication to reduce anxiety, group therapy and consultations) and to train mental and behavior attitudes to avoid risk situations. Users then live in a state of constant alert, so they do not let drug temptation to grow and retake control (Tedesco, 2012).

The second measure, subversion of request, refers to the response given to the individual

seeking for help at the TC. The users seek the community for help solving their problems such as excessive consumption of alcohol and/or other drugs. However, when admitting the individual, the institution would subvert the initial request, proposing a life change that goes beyond drug use. It includes an acceptance of religious ideology and the (almost) complete change of the individual’s way to react and understand the world. Finally, a profound change of the individuals, of their relations, of their lives (Tinoco, 2006).

It is common to identify the work of CAPSad III with the first measure and the TC with the second. However, both measures are integrated on both institutions since CAPSad III seeks to create strategies to avoid relapsing (stop attending some environments, undo friendships) and works in seeking to undo “dysfunctional” beliefs of the individual. Therefore, any feeling and experience in drug acceptance should be reconsidered and the daily routine of the users is evaluated in order to avoid moments that would favor consumption. Thus, even though it is not an explicit request, the treatment implies this change.

The proposal of the TC, from the beginning, is to accept a profound change in life. However, in order to carry out this change, the community also uses strengthening tools, such as: support groups, sharing of experiences and drug-craving control strategies. Thus the treatment of substance dependence on both institutions is not only the remission of a symptom or the modification of consumption behavior of AD, but a profound change in subjectivity and way of life, achieved based on an universal truth, the denial of PAS consumption. Therefore, individuals that do not take abstinence as the goal for their treatment will not have an appropriate intervention proposition to their necessity, that being one of the causes that contribute to treatment abandonment by users.

The relapse experience brings feelings of weakness and fear, acts on maintaining the individual in a permanent state of tension in order to move away from drugs and renders chemical dependence as an incurable and cyclical sickness.

Due to these characteristics, the constant support from private and public institutions is necessary to operate the (re)construction of a drug-free individual (Tedesco, 2012). However, this support is always related to drugs, in other words, the monitoring is to be increased, to avoid consumption. Thus, the subjectivation process is marked by the relation of the constant opposition against the desire to consume drugs and the submission to control rules. These rules would imply the denial of one's life to abstain from drugs, or to admit that the individual's previous life was not valid and now the individual must follow another path.

When we recognize a clinic that has its focus to avoid relapses, other aspects are excluded from this field of relations. It is excluded the clinical work on the experience of drug use or not resisting to drugs, and it is not possible to break through this force field with the objective of discuss what are other possible relations aside from total abstinence or exaggerated consumption (Tedesco, 2012). This experience, according to the author, if not eliminated completely, is included to serve as counterweight to the "good" that abstinence brings.

Even with adult users, that have consumed different drugs over the years, the discussion may not be initiated without having as final destination the denial of this experience as a life possibility. It is like the wrong message would be delivered (drugs are good) or the chance to change the situation would be lost when legitimating the discourse of users. Therefore, it is taken advantage of this moment of relapse to reinforce the submission to control rules. Thus, at the same time it needs to be fought, it also works as foundation to the treatment program. This analyzer points us to the direction of the legitimated speech as truth, for practitioners and users identify relapsing as inevitable, recurring and destructive. However, the hegemonic discourse always stimulates resistance forces, and those are expressed in different manners in the institutions.

At the TC, the possibility to accept relapsing is excluded. Though gates are open, it is an in-

ternment location, and individuals are searched before entering the community. This way, the risk of AD consumption are minimized, since it is necessary the escape from the institution to consume drugs, and for the user return to the community, the individual must accept his errors and request to restart treatment. The CAPSad III acts on strengthening individuals to avoid relapsing. However, the service does not exclude the individual when those situations happen; on the contrary, on relapsing, the individual is required to attend to the institution. Thus, as the users do not keep themselves abstinent, they force at the institution approach that includes consumption, and force the encounter with HR.

As observed by Marlatt and Witkiewitz (2002), the initial request from the user is a drug free life, although after a few months, it is common to include some measure of moderated consumption among their goals. However, although there is not an institutional intervention operating with this perspective, there is space to some resistance regarding that. The user may not be expelled because of consumption. In fact, the larger the problems are with the consumption of drugs and alcohol, the number of offered care options should increase by CAPSad III, including overnight admission. In this manner, a clash occurs at CAPSad III between moral treatment, which has abstinence as main goal, and the psychosocial attention policy, based on HR, that proposes the adjustment of services to the necessities of users, having as symbol of the proposal the individual therapeutic project

Thus, the discourses found at the CAPSad III reveal contradictions. Contrary to the TC, this service does not create profiles of clients to be attended, and instead seeks to attend every individual according to the demand related to AD consumption. In the current context where the change to 24h operation is occurring, the increase of crack users and the admittance of people that live in the streets, the practitioners of CAPSad III question about the reformulation that the institution needs, without the knowledge to operate it and which direction to follow.

Final Considerations

It is notable the difference on the understanding of HR among practitioners and users. While the practitioners understand this approach as permission to some form of PAS consumption, a morally rejected attitude, and the users understand it by the positive changes obtained in their lives, after the beginning of treatment. This indicates that users are more receptive to HR interventions, in addition to have a less incriminating attitude in regard to AD consumption.

We determined in this research that the HR proposal is not utilized or discussed at the services, fact expected at the TC, but not at the CAPSad III. Also, moral logic continues to be the main discourse that subsidizes the interventions. In spite of that, it was also identified services that seek change, reinforcing humanized care as the central point to its actions, and are evaluated positively by its users. It is also encountered the precarious situation of institutions, that should not be underestimated, because it interferes directly in the quality of the provided care.

Apart from the fact that the physical spaces are not suitable to the needs of practitioners and users, it was not found any indication of existence of any qualification activity at CAPSad III or any attempt to insert public policies of psychosocial care at the TC. In this action context that involves technical matters and moral values, qualification and institutional supervision are vital actions to adequate the services to the demand they receive. Finally, it is noticed that the HR proposal is not being used as a potentiating transformation tool in the field of care of AD users.

The question is about whether the proposal continues to be the means of conflict to the strategies of control and social exclusion that operates through the issue of drugs, or whether it has been incorporated to the current discourse, through the understanding that any intervention with the goal to reduce individual consumption is considered HR. That makes it the means to upgrade the same moralizing processes and the marginalization that it seeks to oppose.

The fact that this study does not have as goal to evaluate the operationalization of HR practices suggests the necessity of future amplification. Therefore, the presented problems, together with the individual understanding about this technique, should have distinctive features when faced with its practice on daily routine. The information of how the population reacts and utilizes HR is utterly importance to develop treatment protocols adequate to the needs of the staff and the users.

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