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Redução de Danos na Atenção Psicossocial: concepções e vivências de profissionais em um CAPS ad

Harm Reduction in Psychosocial Care: conceptions and professional experiences in a CAPS ad

Reducción de daños en atención psicosocial: conceptos y experiencias profesionales en un CAPS ad

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RESUMO: O presente estudo tem por objetivo compreender a percepção de profissionais de um Centro de Atenção Psicossocial Álcool e Outras Drogas (CAPS ad) acerca da estratégia de Redução de Danos, bem como identificar os principais desafios para a efetivação dessa política no âmbito da Atenção Psicossocial. Caracterizou-se como uma pesquisa de abordagem qualitativa, onde foram entrevistados treze profissionais e as falas destes foram analisadas a partir do referencial da Análise de Conteúdo. De maneira geral, a Redução de Danos é percebida como uma estratégia ainda recente, com o papel de ampliar as possibilidades no tratamento do usuário de substâncias psicoativas, tornando-o mais autônomo e participativo em seu processo de cuidado, garantindo maior adesão ao tratamento e maior humanização no cuidado. Percebe-se, também, alguns desafios com relação à concretização da Redução de Danos, como o conhecimento insuficiente por parte dos profissionais, familiares e dos próprios usuários acerca da política sobre drogas. No entanto, embora ainda não se sintam capacitados para promover esse cuidado diferenciado, os profissionais têm buscado, junto ao usuário, diferentes possibilidades de práticas que se orientam sob este paradigma.
Palavras-chave: Redução de danos, Abuso de drogas, Saúde mental.

ABSTRACT: The aim of this study is to understand the perception of professionals of a Center for Psychosocial Care Alcohol and Other Drugs (CAPS ad) about the harm reduction strategy, furthermore to identify the main challenges for the effectiveness of this policy in the scope of Psychosocial care. It was characterized as a qualitative approach research, where thirteen professionals were interviewed and their speeches were analyzed from a Content Analysis framework. In general, Harm Reduction is seen as a recent strategy, with the role of expanding possibilities in the treatment of users of psychoactive substances, making them more autonomous and cooperative in their care process, ensuring greater adherence to treatment and greater humanization in care. There are also some challenges related to the achievement of Harm Reduction, such as insufficient knowledge about the policy by professionals, family members, and users themselves. However, whilst they do not feel able to promote this differentiated care, professionals have sought, along with the user,

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several possibilities of practices that are guided by this paradigm.
Keywords: Harm reduction, Drug abuse, Mental health.

RESUMEN: Este estudio tiene como objetivo comprender la percepción de los profesionales en un Centro de Atención Psicosocial de alcohol y otras drogas (CAPS ad) sobre la estrategia en reducción de daños e identificar los principales desafíos para la eficacia de esta política en la Atención Psicosocial. Se caracteriza por ser una investigación cualitativa donde trece profesionales fueron entrevistados y sus declaraciones analizadas a partir de la referencia del análisis de contenido. En general, la reducción de daños es percibida como una nueva estrategia, que tiene el papel de ampliar las posibilidades en el tratamiento de los usuarios de sustancias psicoactivas, convirtiéndolo en un ser autónomo y participativo en su proceso de cuidado, garantizando una mayor adhesión al tratamiento y humanización del cuidado. También se pudo observar algunos retos en cuanto a la aplicación de la reducción de daños, tales como el conocimiento insuficiente de los profesionales, miembros de la familia y los usuarios acerca de las políticas de lucha contras las drogas. Sin embargo, aunque todavía no se sienten capaces de promover este cuidado especial, los profesionales han buscado, junto al usuario, distintas posibilidades de prácticas que se orientan bajo este paradigma.
Palabras clave: Reducción de daños, Abuso de drogas, Salud mental.

1INTRODUCTION

In the scope regarding the care offered to users of alcohol and other drugs, the Harm Reduction (HR) constitutes a public health policy that aims at minimizing the negative consequences of the consumption, ensuring that the subject has freedom of choice, and their role as protagonists of the care[1,2]. In the Psychosocial Attention reality, it was inserted as a guideline that is an alternative to strategies of care based exclusively on the logic of abstinence. Given the diversity of relationships that subjects establish with drugs, the HR points to the need of expanding the health care offer for this population [3].

In Brazil, the first Harm Reduction actions occurred in Santos, in 1989, at a time of significant municipal progress regarding the implementation of actions for drug users in the Unified Health System (SUS – Sistema Único de Saúde). In a context marked by the drug use repression, the municipal secretary of health, David Capistrano, and the coordinator of the DST/AIDS program, Fábio Mesquita, were sued for being accused of encouraging the use of drugs[2,3,4]. This lawsuit highlighted the contradiction in the coexistence of authoritarian policies and the search for the implementation of more progressive alternatives. And this contradiction remains until the current days in the context of health care services for users of psychoactive substances[3].

Currently, the care regarding the health of psychoactive substances users is guided by the Decree No. 11.343 of 2006, which establishes the National System of Public Policies on Drugs (SISNAD - Sistema Nacional de Políticas Públicas sobre Drogas), and the Policy of the Ministry of Health for the Comprehensive Care to users of alcohol and other drugs, which provide for measures for the prevention, care, and the social reintegration of users of alcohol and other

drugs[5,6,7] . Thus, it is possible to notice that, even with historical resistance, the HR is present in different regulatory frameworks of Brazilian public policies.

The Harm Reduction is pointed out by several studies as being a crucial principle for the accomplishment of the rights of drug users, given that it allows this subject to be seen under another perspective, presenting itself as a concrete offer of embracement and care that breaks with the marginalization of these users[4,8,9,10]. However, this policy still faces several obstacles in its implementation, such as difficulties in obtaining financing for actions, discontinuation of projects, and the lack of structures to carry them on[3, 11].

In addition, it is possible to observe that there are different conceptions about the objectives and the application of the Harm Reduction strategies. In a study carried out regarding the conceptions present in the literature about the HR[10], it was verified that there is a heterogeneous view about this concept, being this concept applied and represented of different forms and cutouts. In this study, Santos, Soares and Campos[10] point out that the HR can be approached from different conceptions regarding the object and the subject of these actions, in order to affirm that there are "different types of HR".

The perception of these contradictions and problems in the practical field has served to mobilize questions about this situation. The interest regarding this theme has arisen from the experience of the first author as a psychologist resident of the Emphasis on Collective Mental Health of the Integrated Residences in Health Program (RIS - Residências Integradas em Saúde). Through the actions, dialogues and experiences with the professionals of the Center for Psychosocial Care Alcohol and other drugs (CAPS ad - Centro de Atenção Psicossocial Álcool e outras drogas) where she had worked, it was possible to notice that the Harm Reduction theme still appeared in a minimized way in this space, even though there seems to be some resistance regarding its effectiveness.

The questions that led to the construction of this research were: How do CAPS ad professionals realize the Harm Reduction policy? What conception do they have of this and how do these concepts translate into their daily practices? The relevance of this questioning consisted in allowing the reflection on the existing barriers regarding this policy, bringing to light the potential raised in the daily life of the services and the promotion of new ways of working in the context of caring for alcohol and other drugs users.

Therefore, the present study aimed at understanding the perception of the professionals of a CAPS ad about the Harm Reduction strategy. The objective was also to describe the main actions of the Harm Reduction strategy developed in this service and to identify the challenges for the effectiveness of this policy in the scope of the Psychosocial Care.

2METHODS

The present study is characterized as being descriptive and of qualitative approach, since its interest is to produce information about the nature of a phenomenon from the subjects and their reports[12]. The study was conducted at a Psychosocial Care Center for Alcohol and Other Drugs (CAPS ad), which constitutes a specialized service responsible for the psychosocial care to users of psychoactive substances. The CAPS ad of Iguatu, in Ceará, where the research was conducted, was founded in 2003, and runs from 7:00 a.m. to 5:00 p.m. This CAPS ad receives users daily, who look for it in search of multiprofessional care, through individual or group consultations, therapeutic workshops, home visits, and the articulation with other services that make up the network of the municipality. The aforementioned CAPS ad also had, at the time of the research, professionals from a multiprofessional residency program in Collective Mental Health and professionals from a medical residency in Psychiatry.

The data collection took place from November 2014 to March 2015. The sample was by convenience, thirteen professionals out of seventeen participated in the study. All members of the teams, including residents and service professionals, were invited to participate in the research, both of elementary and higher levels. Those who did not feel comfortable to participate or did not have enough time to answer the questions were excluded.

The instrument used to produce the information was the in-depth interview. The interviews sought to broaden and deepen the communication between the researcher and the participants through a semi-structured script. The interview script consisted of seven open questions, and it was based on three units: 1) Profile of the professionals interviewed, looking for information such as age, gender, professional category, time of training and performance in mental health services. 2) Professional's conception about Harm Reduction, Activities and actions that it classifies as Harm Reduction. 3) Difficulties, limitations and positive results/aspects observed and identified by professionals regarding the Harm Reduction strategy.

The data collected through the interviews was transcribed in full and analyzed through the Content Analysis framework[13]. The main categories of analysis were: HR conception, difficulties facing the HR implementation, actions and methodologies within the CAPS ad practices and the benefits provided by the adoption of the strategy.

Excerpts from the professionals' testimonials who participated in the study were analyzed, and they were numbered from I to XIII, with the intention of keeping the subjects' identification confidential. For the composition of this article, only some of the reports considered more illustrative were selected.

The study was submitted to the Research Ethics Committee of the School of Public Health of

Ceará, being approved through the Opinion No. CAAE: 946.346. The Free and Informed Consent Term was used, through which the professionals interviewed were informed about the research objectives and expressed their consent to participate.

3RESULTS AND DISCUSSION

Among the subjects interviewed, female professionals predominated, with na average age of 32 years old, with a minimum age of 24 years old and a maximum age of 51 years old. The working time at CAPS ad varied from one month to eleven years, that is, some professionals were in the service since its foundation. Others came from the multiprofessional residency program with emphasis on Collective Mental Health. Regarding the professional categories of the interviewees, there were the following types of professionals: occupational therapist, receptionist, physical education professional, social worker, nurse, psychiatrist, psych pedagogue, psychologist, nursing technician, and artisan.

3.1 CONCEPTIONS ABOUT THE HARM REDUCTION

After the presentation to the interviewee and the identification of their personal information, we approached their perception about the Harm Reduction policy. Regarding the knowledge of these professionals about the HR and the conceptions that they have, it was possible to notice that most of them know what the Harm Reduction is, although there are different views on the subject. It has indicated some familiarity with the subject and showed that it is not something that is ignored by the professionals.

3.1.1 Harm Reduction as an ethic of care

From some narratives, it was possible to perceive that for a group of interviewees there was approximation of conceptions about HR as an ethic of care, as pointed out by Petuco[11]. This understanding would guide the clinic towards the people who use drugs, from the point of view of the need to expand the places where care is effective. This presupposition also implies in the change of the relationship established between caregivers and those receiving care, in order to produce horizontality and respect for the protagonism of the subject.

> *Harm Reduction, for me, is when the patient makes an abusive use, and he does not want to stop, but wants to reduce it, so we start working this reduction with him, with focus also on the sports activities, leisure activities, the issue of food, which influences a lot, even to improve his health condition. So I began to understand that in the reduction he can still make use, but with other occupations, other activities. If he does not want to stop, then it was his choice, and we have to respect it (Interviewee VIII).*

In this perspective, the speeches emphasized the respect to the user and the non-imposition of abstinence as HR's presuppositions of the care provided, even if he makes use of a certain psychoactive substance.

> *I would define it as a form of treatment for those people who do not want to stop being users, and who in some way have the right to health. Then we would work with the Harm Reduction (Interviewee IX).*
> *So I think that the Harm Reduction is present all the time, because I am always striving so that the users cared here are respected, regardless of their choices about the use of drugs. I think that the Harm Reduction is also present in my practice because I do not only have the ideal of abstinence, because I recognize that people will continue to use some substances (Interviewee VI).*

These interviewees' speech bring the perception that the drug is not the determining agent for the construction of the care, so that they consider the evidence that the relation of the user with the substance does not always necessarily occur in a dependence relation[1,14]. Instead, different possibilities of the subject's relationship with drugs are thought of, which broadens the goals of their practices. Thus, although the HR is currently linked to the drug world, it is a way of acting and caring that is present in human relationships.

> *The Harm Reduction, in fact, is part of our lives, we do not really realize. For example, in traffic we say like this, 'if you drink, do not drive', to reduce a harm that can be caused, an accident, an impending death. I think that we live in a society in the middle of Harm Reduction and we do not have that awareness yet (Interviewee VII).*

As we can see in the interviewee's speech, the meaning of Harm Reduction is very simple and does not require scientific or medical knowledge, as also points Pat O'Hare[15]**.** However, realizing that this policy has been historically facing resistance, it is possible to think that this opposition may derive from the stigmatized condition of drug users that is present in our culture. One of the indicators of this condition is precisely the desire for social distancing found even in the relationship between users and health professionals[16], which produces barriers in the care relationship.

3.1.2 Harm reduction as a way to treat the drug addiction

In other analyzed parts, we have also found some reports that highlighted the HR as a way of minimizing the relationship of dependence between the subject and the substance, in the sense of reducing the risks and damages that the use of drugs can bring to that individual.

> *The Harm Reduction is the way found to reduce the damage that the drug does in the patient's body, when he does not have the ability or the will to drop it, it is geared at least to decrease the abusive use, and with that, his health will improve (Interviewee XI).*

> *From the little that I understand, the person keeps the treatment and using when they feel the need. The goal is to see if during this reduction, the person goes goes and stops at only one thing. Or at the treatment, or with the addiction (Interviewee XII).*
> *The Harm Reduction is the "clinic of the possible", it is what can be done, since in some cases the abstinence is not possible, it is not possible to completely stop the use of any substance. It is trying to lessen the damage it will cause, given that some people cannot stop using the substance. So it is to try to make the substance less harmful to the person (Interviewee III).*

The concern with the substance and its possible damages was more prominent among these

interviewees. As stated by Moraes[17], the Harm Reduction approach is often seen as a possibility by practitioners, although at times it seems to be understood that the ideal target for treatment is abstinence. However, it is important to clarify that the HR is not opposed to abstinence as a possibility, given that the suppression of the drug use may often be the best way to reduce harm to some people.

It should be highlighted, however, that seeking abstinence is a decision of the user, not an expectation or requirement of their therapeutic project[17]. In this sense, there is always a risk of proposal simplification that must always be within the need of reflection. It should also be observed that if the user does not stop using drugs should not mean a lack of responsibility, neither from the service nor from the user, as Quinderé and Jorge[18] points out, and, therefore, the interviewees seem to assume the need to bet on something that produces the link to the production of care.

It can be seen that even in a service where the HR is a guiding principle for the care provided to users, different conceptions do not always show up in a homogeneous way. Therefore, it remains, in our view, some remnants of the prohibitionist logic that polarizes the cure and the care of users linking this to abstinence.

3.2 HARM REDUCTION ACTIONS: THE TRANSPOSITION OF PRINCIPLES TO PRACTICE

Regarding the way professionals operate the Harm Reduction in the activities they develop, the most varied actions carried out in the service were mentioned, from walking groups such as physical activity, orientation and family care, handicraft activities and others performed outside the service, such as mental health matrix support. These professionals believe that all their practices are guided by this principle.

> *In addition to providing a leisure time, a time when they can have the knowledge of their own body, of what is good for them, I believe that the walking group is a strategy of harm reduction, because if you know yourself, you know your body, you know what your limitations are or not (Interviewee VII).*
> *Family counseling, some kind of guidance that we can give in the service that is not limited to the use of alcohol and other drugs. But I believe that the enlightenment is a way to reduce harm, sharing with users is a way to reduce harm, guarantee rights. I think this is also a form of Harm Reduction (Interviewee IV).*

The interviewees understand that the HR is a transversal logic that should conduct their activities with the population. This contributes to the attempt to maintain a coherence between the HR's assumptions as an ethics, expanding these actions to activities that do not have as main objective the proposal of abstinence or the maintenance of this state by the user.

Thus, one can perceive an effort to make the HR a practice of "life extension"[2], including out-of-service activities that interfere with people's daily lives, such as the walking group. It is

important to highlight that most these external activities were carried out by residents who had agendas that provided greater flexibility for the displacement in the territory.

It should be emphasized that, according to the interviewees, this panorama of the HR principles insertion has been taking place progressively, but also with difficulties. The idea of "occupying the mind", present in one of the speeches, seems to suggest that the practice offered leads the user to suppress their desire and does not allow to understand that it is exactly the desire that makes the use of drugs happen in people's lives[18].

> *While they occupy their minds with the handicraft, they are already leaving it, there is already a conversation there, they are drawing, painting, then, whatever the activity, it uses the Harm Reduction (Interviewee XIII).*

Thus, it can be observed that the concept of HR faces the risk of being used as a rhetorical figure to embrace practices that do not always conform to its principles. The persistence of this way of thinking the clinic with users of alcohol and other drugs is also due to the insufficiency of actions of permanent education that have been common in the mental health services. Strategies such as the clinical-institutional supervision and team circles have been neglected, or even disregarded, as key tools for the production of care in health services.

According to the interviewees' reports, in previous years, the user who came to the service under the use of any substance was suspended and was only able to return to CAPS if accompanied by the family. It can be seen that when there is no clarity and reflection on the guiding principles of psychosocial care for drug users, the abstinence emerges as a norm of access to the service that reproduces inconsistencies with fundamental principles such as the universality of access[14].

These situations became the subject of discussion with the reflective spaces produced by the residencies, such as the discussion circles, case studies, and, therefore, provided the improvement of the service, demonstrating that the work in psychosocial care must have guaranteed spaces that provide reflection on this, reformulating the institutional rules that did not favor the bond and care with people.

In addition to the issues raised within the service itself, another practical application for the HR is observed, which was presented in the matrix support in mental health. The professionals report that the Harm Reduction is used through the guidance and contact with families in home visits and activities carried out in Primary Care.

> *So, in the same way that we approach it here in the groups, we also take something from what we can address during the visit, in the matrix support, for us to see what we can try to address with that user, and what may be best in the matter of physical health, psychic health, and social issues as well. So, we've already got into this question that, if the patient does not want to stop, then let's see what we can do, together with him and the family, to improve his quality of life, even if he is in use (Interviewee VIII).*

There is in the interviewees' speech, the presence of the desire to search for the organization

of the network of care from these assumptions, facilitating to the professionals of different services the overcoming of the preconceived and stigmatizing modes to treat the users in the services. It is understood, therefore, as Fortesky and Farias points out[3], that the HR needs to be implemented in the territory for the construction of social support networks that offer support to users and their families.

3.2.1 Difficulties found in the operationalization of the HR

Although the Harm Reduction is a strategy that is part of the CAPS ad, there are still many barriers to this policy being implemented in this service, considering that it is a new process, which requires awareness and openness of professionals.

One of the main difficulties mentioned by the subjects was the family issue, which is often resistant to proposals based on the HR. Such resistance is, according to the interviewees, originated from ignorance, since according to common sense, the treatment of chemical dependence still aims, for most people, total abstinence. Thus, professionals report that it has been difficult for family members to understand the HR as a treatment strategy.

> *What the family usually wants is for the user to cease the use completely. It does not understand that the user often cannot do it, and sometimes we cannot convince, discuss with the family the issue of reducing the use. Most often, what the family wants is the abstinence (Interviewee IV).*
> *As the family does not know the Harm Reduction policy, they think the patient comes here, especially those who use alcohol, and they want them to stop drinking at once. They do not know what can cause a more serious abstinence. They do not understand the process. Some of them do not even accept it, as there was already a relative who came here saying, 'Oh, I want to talk to the doctor because he told my husband to have a glass of wine a day. How does he want him to stop drinking, drinking wine every day? ' (Interviewee IX).*

As Mielkeet al[19] state, the family has been an ally in the psychosocial rehabilitation of the user in the field of mental health, they need to receive adequate support to overcome the various challenges in the drug addiction care, and to find substitute mental health services to meet their needs and support. It is necessary to consider, however, that the stress, wear and tear experienced by the relative must be understood in this demand for hospitalization and abstinence, considering that the health services, given its precariousness, have not offered adequate support to the needs of the population.

Another difficulty mentioned was the lack of knowledge and lack of adequate training for professionals regarding the HR. An aggravation of this situation may be a consequence of academic training, which in most cases does not prioritize the issue of health care to people who use drugs. Of the thirteen professionals interviewed, only one had contact with the HR during their academic formation, whereas for the majority this subject was not even mentioned during the graduation.

> *During the graduation, I did not see Harm Reduction strategy. I learned from my own practice. This is something very recent that I have started to study, to research, so that I*

> *could put into practice (Interviewee I).*
> *I did not learn anything about Harm Reduction at university, nor medical school, nor psychiatric residency. I learned everything out of there, I learned as a user, as a harm reducer, and that is how I started learning while in university (Interviewee VI).*

For some, the multiprofessional residency provided the opportunity to contextualize a more critical discussion regarding drug policies, proving to be an important instrument of continuing education.

> *I was not even aware of what Harm Reduction was. I only started to have more knowledge about it from the mental health residency, but in my training, I had not heard of the Harm Reduction strategy (Interviewee IV).*

Finally, the issue of prejudice and stigma that have involved the proposal of Harm Reduction since its first manifestations in Brazil was mentioned as a difficulty[1,2]. The professionals report that they have heard comments about the HR, such as apology or induction to the use of drugs.

> *The Harm Reduction suffers a great deal of prejudice, there are a lot of people who have a taboo, who do not think that I, as a professional, can work with it because I will be inducing the patient to use it, and it is not that. We do not induce the patient to use it, we encourage the patient to reduce the abusive amount of that use. If he will use it, to do it more safely (Interviewee I)*
> *People still do not understand that the Harm Reduction is not an apology for drug use. I believe that sometimes people think: "Are they letting the patient smoke on the service?" Or, then... "He drank, and accept the patient?" So, I think there is this prejudice on the part of us professionals (Interviewee VII).*

The report of some subjects also allows us to observe an embarrassment on the part of professionals who do not believe in the proposal. It is thus realized that even after several years of the first experiences, and being expressed in many policies regarding drugs, there are still historical obstacles that try to delegitimize the HR as a viable alternative.

3.2.2 Potential of the Harm Reduction Strategies

Although it is possible to observe that there are many difficulties in the adoption of these strategies in the CAPS AD, the professionals also mention some of the potential achieved by the still timid insertion of the Harm Reduction approach in the service. One of these was to open the service to users even in cases where they cannot stop using the substance.

> *A patient who is making use of a particular substance is not ashamed to come to CAPS. Sometimes it happens for the patient to get there drunk. He knows that here he will receive orientation, he will be welcomed. In this case, he would not feel right to get here while using some substance, which is when he needs more care (Interviewee II).*

> *I think CAPS must have this view that "I'm going to greet you the way you are, I'm going to greet you, the important thing is for you to be here to try and take care of yourself." If you preach only abstinence, the day the guy has made use of some substance and get there, I will not be able to welcome him in the same way, to receive well. Then I'll mess up that person a lot (Interviewee III).*

In this way, the Harm Reduction has also contributed to the humanization of the service, in the sense of accepting the user in their most vulnerable moment. The reports point to an attitude of making the user feel more accepted, allowing a better process of linking between users and the service.

FINAL CONSIDERATIONS

In general, the professionals interviewed perceive the HR as a still recent strategy, with the role of expanding the possibilities in the treatment of users of psychoactive substances, making them more autonomous and participatory in their own care process. The HR is seen as a strategy to guarantee the rights of people who use drugs, regardless of whether or not they want to interrupt their use.

Although some perceptions are still related to the reduction of the risks related to dependence and as a way to achieve abstinence, it can be observed that there is a consideration on the psychosocial issues that involve the context where the subject is inserted and the respect to their autonomy. It is observed that the transposition of the HR policy to the daily practices happens in a gradual way, and it is not exempt of contradictions and conflicts in its effectiveness.

Regarding the main challenges regarding the implementation of the Harm Reduction Policy in the service, it is possible to mention the insufficient knowledge on the part of professionals, relatives and the users themselves about this subject; in addition to the resistance of the people involved in the treatment, and the stigma that this strategy faces in the context of mental health and society in general.

It has been identified that it is necessary to include the HR approach in the training of health professionals, considering that this is a strategy that can be used in the most diverse spaces of health care, in addition to psychosocial care. It was also possible to observe that residency programs, as permanent education strategies, have an impact not only for the residents, but also for the services that receive them, producing positive transformations in the practice scenarios and reflections that are necessary for the everyday life. The processes of permanent education are essential to the provision of quality care for this public.

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