

Permanent education on harm reduction: the experience of Psychosocial Care Course in Alcohol and other Drugs

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Report about the Psychosocial Care Course on Alcohol and Other Drugs, offered by Centro Regional de Referência para Formação em Políticas sobre Drogas, Universidade Federal de São João Del Rei (CRR/ UFSJ), oriented towards to Harm Reduction (HR) training. Groups of around sixteen students were gathered, encompassing professionals and community leaders from 18 cities within the region of São João del Rei, MG, Brazil. Through field notes and management reports the study elaborated three units of meaning related to the educational process of HR: (a) estrangements regarding the HR proposal; (b) problematizations, resistances and appropriations of HR; and (c) impacts of the HR proposal on students' practices. The involvement in the Course promoted a first step towards change and produced awareness of HR, a major challenge on drug policy reform.

Keywords: Permanent health education. Harm Reduction. Professional education. Drug addiction. Drug policy.

Introduction

The current Brazilian Drug Policy¹ understands the use of alcohol and other drugs as a public health issue, proposing Harm Reduction (HR) as a strategy suggesting the deconstruction of the image of every drug user as a patient. However, there are difficulties in implementing a human rights-based policy that emphasizes the integrality of the subject, since repressive and criminalizing approaches are also identified under the pretext of care practices. Compulsory hospitalization actions, for example, are justified by the inability of individuals to manage their own use and to elaborate other possible forms of relationship with drugs².

The perspective of psychosocial care has an approach in the opposite direction, prioritizing the right of choice and access to public policies in an integral way, the capacity to be a protagonist and the freedom of the subjects, especially in relation to their body and their health. Thus, it is necessary to recognize the existence of different subjects, motivations, drugs and ways of using them, requiring different ways of addressing individual and contextual specificities³.

The HR paradigm, advocated by the Ministry of Health's Policy for Comprehensive Care for Alcohol and Other Drug Users (PAIUAD in Portuguese),¹ is key when working under the perspective of psychosocial care. It tries to elaborate strategies for the co-responsibility of the users of drugs in the treatment by means of joint construction. In this paradigm, abstinence may be one of the possible purposes in relation to drugs, however prioritizing the increase in the degree of autonomy and freedom of the subjects, respecting human rights⁴.

It should be noted that the vast majority of people do not make use of alcohol and other drugs in a troublesome manner, even though it does not mean that they may be neglected in actions to prevent risks, damages and vulnerabilities. The right of access to these prevention opportunities therefore requires the adoption of ethical and political HR principles, such as tolerance, pragmatism and respect for diversity⁵.

It starts with the creation of support networks and user protection, with a focus on guaranteeing rights and the singularity of interventions, according to each experience and context of life^{6,7}. The viability of HR actions thus requires actions between sectors of health, education, social assistance, leisure, sports, public safety, etc., in an attempt to overcome practices based on the "war on drugs" and the logic of abstinence.

Larger efforts at the macropolitical level are needed in order for policies to prevent and care for the human rights of drug users to take effect, since discourses based on the prohibitionist paradigm and the idea of the "war on drugs" still prevail⁸. It should be emphasized that such discourse is not restricted to professionals involved in prevention and care actions, since the Brazilian legislation itself is ambiguous and the historical construction on the subject in Brazil is based on anti-drug policies. Therefore two models coexist, guiding the policy Brazilian strategy on drugs: the HR strategy, as described in PAIUAD¹, and on the other hand, models that advocate abstinence such as Administrative Rule no. 131/2012, which deals with the inclusion of Therapeutic Communities in the Psychosocial Network of Care (RAPS in Portuguese)⁹. Nonetheless, the changes announced by the current Coordination of Mental Health, Alcohol and Other Drugs of the Ministry of Health in December 2017, for example, have increased tensions in the field by proposing an increase in resources for financing therapeutic communities and maintenance of psychiatric beds, previously in process of

deactivation in the reception of acute cases, through the deinstitutionalization course of action.

In this context, in order to achieve comprehensive care, professionals' work in the field of alcohol and other drugs needs to be reviewed, so that their practices are broadened beyond the knowledge of drugs and their effects, and of forms of prevention guided by programs that adopt slogans such as "say no to drugs". Workers in the various sectors who deal daily with people with drug-related problems feel unprepared to meet users' needs, often without even having the opportunity to identify the essence of such unpreparedness^{10,11}. Issues such as networks for drug-related health care, psychiatric reform and HR are relevant in the context of drug policy reform in order to highlight the active role of the subjects in their environment and require the management of care that transcends the narrower complaint-behavior logic¹².

In order to address such issues and related to the training process, the Regional Reference Center for Training in Drug Policy of the Federal University of São João Del Rei (CRR / UFSJ), supported by resources obtained through a proposal funded under the scope of the Public Call Notice No. 08/2014-SENAD / MJ, developed the Psychosocial Care Course on Alcohol and Other Drugs. It was based on the principles of permanent health education, EPS, as a proposal for the transformation of practices through the problematization of the current modalities of care, in this case related to services directed to drug users. In this proposal, the procedural and continuous dimension of learning, as well as emphasizing the notion of transience of knowledge and work relations¹³.

Using EPS as a strategy and pedagogical perspective, the Course adopted active teaching and learning methodologies¹⁴ through workshops in which the participants examined problem situations that exposed everyday experiences, making possible to exchange experiences between peers¹⁵. Miter et al.¹⁶ point out that "confronting the problem, [the students] stop, examine, reflect, relate to their history and begin to re-signify their findings" (p.2136).

When analyzing the conceptions of the trainees about the care to the users of drugs in the scope of the Psychosocial Care Course on Alcohol and Other Drugs, Vasconcelos, Batista, Silva, Dalla Vecchia & Lopes¹⁷ noticed that catastrophic ideas, moral and stigmatizing referred to users were in force at the beginning of the training activities. Throughout the course, an understanding of the singularities of the relationship with drugs was expressed, as well as the challenge of networking and family and community support. It was highlighted that liberating education through action-reflection-action dialectics allowed the sharing and collective construction of knowledge, reaffirming the pertinence of the adoption of active methods in training for the field of alcohol and other drugs, as already highlighted by Lima Junior et al.¹⁸.

The present experience report highlights the teaching-learning process involved in the presentation and debate of the HR proposal based on the problematization of the daily activities of the students, through discussions that triggered discomforts, fears and breaking of taboos.

Method

The Psychosocial Care Course on Alcohol and Other Drugs, offered by CRR-UFSJ, aimed to promote an improvement opportunity aimed at community leaders, monitors therapeutic communities and public policy workers of any sector, as long as they were active on the prevention of harmful actions, or caring for people with problems related to the use of alcohol and other drugs. The Municipal Council on Drug Policy of São João del Rei - MG, jointly articulated the contents and the proposal. It was organized in four modules, with face-to-face and distance activities, lasting from September 2015 to July 2016.

In Module I, titled “What are drugs?”, the initial conceptions about drugs of the participants in the course were raised, also being presented the types of drugs, their uses and epidemiology. In Module II, “Policies and programs in the territory”, the guidelines and actions of the national policies and programs were discussed through systematization and analysis of the active networks in the municipalities of origin of the trainees, their challenges and potentialities. In Module III, “Forms of approach and interventions”, we discussed foundations and principles that support the prevention and treatment strategies in the field of alcohol and other drugs, sharing strategies based on the presentation of problem situations. Finally, in Module IV, “Harm Reduction”, actions to prevent risks, damages and vulnerabilities and to promote health were discussed and shared, based on the discussion and analysis of successful HR practices.

At the meetings held every two weeks, the active teaching-learning methodology was adopted, based on the Workshops on Group Dynamics¹⁵. Each training group had an average of 16 students, from eighteen municipalities in the micro-region of São João del Rei, MG, and was mediated by two teachers and a monitor. The groups were composed largely by women (84%). The participants worked as psychologists (20%), nursing professionals (17%), social workers (11%) and others (22%), from the health sector (31%) and social services (26%) of municipalities in the region (60%).

The first two authors of this article worked in the coordination of two classes of the Course, developing records in field diaries (FD) of their observations during the activities of the training group. Participants were informed that there would be record of speeches and events in FD, consenting to this process and not objecting to its accomplishment. In addition to the FD, the partial and final reports provided by the general coordinator of the CRR / UFSJ, third author of this article, were also accessed for this analysis. With the pre-selected data, a focus was made regarding the teaching-learning process on HR.

Secrecy in the identification of individuals, municipalities and establishments was ensured here through the adoption of fictitious names and generic terms, such as the general typology of the service and “therapeutic community”. The thematic analysis of content^{19,20} has led to the elaboration of three units of meaning that synthesize the analysis of the educational process related to HR, organized into three topics: (a) strangeness around the HR proposal; (b) problematizations, resistances and appropriations of HR; and (c) impacts of the HR proposal on the participants’ practices.

Results and discussion

Strangeness regarding the proposed harm reduction

At the beginning of one of the first group techniques carried out in Module I of the Course, cards were given so that the students could write in a few words what they thought when they heard the word “drug”. This activity allowed identifying collectively that the conceptions about the phenomenon of the use of drugs, for the most part, were based on the prohibitionist paradigm and on the idea of combat and eradication of psychoactive substances. Thus, from the outset, it could be observed presence in the students of a moral and religious conception, based on the common sense of the drug as “source of evil”.

In the meetings of the training groups, based on the discussion of the selected bibliography, it was possible to discuss different modes of relationship with psychoactive substances, by different societies and at different historical moments²¹. In the recurrent debates there were discussions on the use of drugs in contemporary times, such as coffee, sugar, alcohol, opiates and psychoactive drugs. It was an important process to assimilate the HR proposal the chance to problematize the supposedly inherent harmfulness of psychoactive substances, in order to increase knowledge about the range of existing products and to recognize them in daily life. From that step it was possible to have a wider understanding about the subjects who use them and in which social contexts and moments of life do it. Even so, the foundations of the HR were initially reactively received in a mixture of astonishment and discomfort:

How difficult is to understand this!. Can you smoke marijuana? Can you drink? Oh My God! When the family takes them to the hospital, it is to stop using them. How can we tell the family we’re going to evaluate if he can have a beer at the weekend, if he can smoke marijuana? (FD - speech of a CAPS worker).

In the course of the activities, the participants began to report and elaborate other conceptions about this approach to alcohol and other drug users, with some openness to a broader understanding of its principles, even with some misunderstandings about HR principles: “Daniela tried to explain how she understands the concept, saying that it would be to use some of the drug, gradually reduce its use, and that this process is different between dependents and users “(FD - CRAS Worker).

Lack of knowledge, as well as strangeness about HR assumptions have been identified in other studies on the subject. Gonçalves²² verified the existence of a very diversified profile among the workers of the Family Health Program (PSF in Portuguese) regarding the preparation to deal with the drug problem, and identified objective difficulties, such as access to information and communication between peers, and subjective, as prejudices, values, fear and other affections. Also, Queiroz²³, in a study carried out with members of PSF teams, observed that they orient their opinions and attitudes towards drug use, preferably from the point of view of moral and disease models, constituting limitations to the acceptance and adoption of strategies of RD.

Problematization, resistances and appropriations of harm reduction

As a result of the meetings of the training group, the cases reported by the participants, the experiences studied collectively through the reference bibliography, and the presentation of videos and readings that indicated data on other forms of treatment, there was a gradual recognition of the potentialities of the HR proposal for prevention and care actions.

The issue of freedom and autonomy and the contextual specificities of each individual began to be considered²⁴. The need to avoid homogenizing the ways of understanding and treating drug use came to light, identifying the ways in which each care strategy addresses the individual's relationship with them, and the possibility of other treatment modalities: "People have possibilities and visions of life that differ from one another. We have to do the exercise of understanding attitudes and ways of life that are not ours" (FD - speech of a public safety worker).

Some terms began to be brought into the discussion from the HR debates: "chemical dependency," dependency as "disease," "relapse." The understanding of the historical, concrete and contradictory subjects is present in the discussions of the groups, allowing reflections on the use of drugs and on the concrete conditions for the change in the usage pattern. Participants expressed that they had been mobilized in different ways by recognizing the uniqueness of action required in the face of individual, social and programmatic vulnerabilities²⁵: While talking about the clash of conceptions provoked by the course, said: "at the beginning my belly was freezing, I wanted to go though home, thinking 'this is not my place'" (FD - CT Worker).

When we begin to understand and see that there are other ways, we begin to accept other possibilities. At first I did not believe it. Now I and another professional that also does the course, we started to change the way of working. I still have to go to the CAPS to know the place, to introduce myself and to report on the referrals I will make (FD-CT worker's speech).

However, even recognizing that there are singular and contextual aspects that condition the multiple forms of drug use, it is still possible to perceive a hesitant, ambivalent position presented by the course participants in relation to HR. In this sense, it should be emphasized that there is a broad process involving a set of sociocultural mediations (family education, religious conceptions, punitive logic, media, peer influence, etc.), which is common sense around drugs' use and users.

In a first analysis, there seemed to be some difficulty in defining what the HR was really about. It was necessary to emphasize that it does not exclude, eventually, strategies that have abstinence as a horizon, and that HR is not synonymous with reducing the amount of drug used, encompassing other factors: "Dinalva described her annoyance regarding the logic of harm reduction: "If you are here to say you can smoke pot," I, Dinalva, cannot say that. The course opened a little – just a little! - my mind" (FD - Worker of the Municipality of São João del Rei).

Regarding the possibility of non-harmful drug use patterns, as Nery Filho et al.²⁶ indicate, "it is true that acute intoxication by a drug can lead to death, but we need to keep in mind that the consumption decision belongs to humans, not to products "

(p. 137). Among the students, however, the conception that there is an immanent evil related to psychoactive substances remained present, as seen in the quote above.

Impacts of the harm reduction proposal on the practices of the students

The discussion about the use of drugs in everyday life (as previously mentioned about coffee, sugar, psychoactive drugs, etc.) was recurrent. The students brought many examples, mainly personal and family. Modes of drug use were being reported and analyzed, developing HR forms by the participants, such as drinking less coffee at work or smoking only when they get home.

As part of this process, the trainees described attempts to change the way they treated the drug issue, reporting more listening to their interlocutors, rather than prescribing what they should do: “My goodness, I need harm reduction in my work. I’ve already sat down and wondered why I had so much coffee. When I occupy time I do not even remember “ (FD - Worker of the Municipality of São João del Rei). Those speeches enabled us to verify the effectiveness of the active methodologies and the Workshop on Group Dynamics in the teaching-learning process, by combining a pedagogical proposal simultaneously - transmission and discussion of contents - and clinical - elaboration on the affections mobilized through work with the content.¹⁵

However, in spite of this process of sensitization of the participants, their services and their teams tend not to share the same perspective in their daily activities, generating impasses and difficulties in effecting changes²⁷. Thus, the perspective of abstinence and hospitalization as the only form of treatment was also a topic of debate, and it was signaled the strengthening of the media in this direction and, consequently, of the relatives of the users and of the network itself, which still offers and makes referrals primarily to therapeutic communities: “It was a challenge in relation to harm reduction . How to implement this in the municipality? In a small town we deal with another mindset “(FD - Speaking of ESF worker).

Confronted with the conception dispute found in the services, some reported having resorted to creative ways to make feasible practices that are more in tune with the HR perspective. Efforts were made to legitimize the Centers for Psychosocial Care for Alcohol and Drugs (CAPSad in Portuguese) as a hub for articulating strategic psychosocial care in the territory, with other forms of treatment being tried beyond hospitalization. Nevertheless, recognition and legitimization of the Psychosocial Care Network (RAPS in Portuguese) as a place to care for people with alcohol and drug problems is not a reality in most municipalities: “Ariane mentioned a recent case in which he suggested treatment in CAPSad before the person chose to be hospitalized, and the family was disgusted” (FD - Worker of CT).

Throughout the course the participants gave signs of having developed a broader view of HR as both logic and practice. Emphasis was placed on the participation of the subjects in their care process in a non-mandatory way on the part of the professionals involved²⁷. In addition to the non-imposition of world principles and visions, it was emphasized that professionals should favor subjects to reflect on the choices made, recognizing its consequences in order to do them more autonomously and with less damage⁵.

Several aspects were discussed culminating in the problematization of the idea of the drug as an isolated factor responsible for personal, professional and social harm, directing the debate towards a more complex analysis of the relations between subject, culture and use of psychoactive substances²⁴. Gradually, social, affective and cultural relationships in which drug use is embedded: types of occupation whose workers often resort to the use of stimulants (such as night watchmen and truck drivers), and family and social contexts that may configure risk factors for use of drugs, as they are spaces for reproduction of violence and violation of rights.

The notion of “interval”²⁸, addressed in a module opening lecture, was rescued several times, expressing the appropriation of its meaning by the students: “I am proposing to increase the intervals, before it was only hospitalization. Before I did not think that hospitalization was for everyone, I would not bear it myself. But I did not know any other way” (FD - Speaking of CRAS worker).

The process of appropriation of the proposal involved identifying the conceptions and resistances at stake and launching itself into the new, creating and reviewing the already established. In this sense, changes of conceptions expressed in some statements during the last meetings of the group of formation were perceived: “I bought the idea, I do not know if I will be able to do all this, but I will try” (FD - CRAS worker speech).

Daniela spoke about her experience in Congress [she refers to the Fifth International Congress on Drugs and Human Rights], saying that she felt “inside a blender”, very moved by everything she heard, realizing that many practices go wrong. From that moment on she said she found a place for her disturbances, which are all about human rights (FD - CRAS Worker).

It is observed through these statements that the HR proposal is being incorporated by the students by the way of practice’ changes. The training made it possible for the trainees to incorporate actions aimed at reducing of problems that may arise as a result of consumption “taking into account that drug use is impossible to eliminate completely and that drug users have rights over their own bodies”²⁹ (p. 903). This is a procedure analogous to that adopted in relation to other public health problems, such as chronic-degenerative diseases.⁶

Final considerations

The process of change in relation to the understanding and implementation of the HR proposal, a central aspect for the reform of contemporary drug policies, demands time and investments of various kinds, such as users’ access to the service network, training of workers, support of a media committed to the social transformation and cultural change of the Brazilian population. More than that, it requires the questioning of the reductionist, individualist and moralistic views on the subject.

In the case of the participants of the groups analyzed in this article, it is verified that their access to the course offered by the CRR / UFSJ favored a first step towards the change, producing an awareness of HR. We are well aware of the difficulty for a large-scale implantation of HR in the contexts of prevention and care, as it may happen with any cultural change. However, openness to discussions on possible changes within

services is a step forward, compared with other historical moments in which anti-drug policies were virtually monolithic.

Despite the unfamiliarity with the concept of HR, it was found that some professionals already use strategies based on this proposal, although they do not name them in this way. It can be observed, therefore, that in the daily work of these professionals, traditional orientations based on the moral and disease models and of the HR model, coexist with a mosaic of conceptions, values and practices that are not always coherent with each other.

Professionals working in the various sectors involved in drug use have scarce opportunities for training and reflection, as these opportunities have not been configured as a priority or common practice of EPS. Cordeiro et al.²⁹ pointed out that “the few existing spaces reproduce the biomedical paradigm, based on methodologies that do not stimulate criticism or creativity” (p. 904). Practitioners seldom find spaces conducive to reflection that could help them to break away from the ideological ties engendered in their work and training processes. It is urgent to expand and institutionalize such spaces and opportunities.

Contributions of authors

All authors participated actively in all stages of preparation of the manuscript.

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