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BETWEEN POLICIES AND PRACTICES: THERAPEUTIC ACTIVITIES BASED ON HARM REDUCTION

ENTRE POLÍTICAS E PRÁTICAS: ATIVIDADES TERAPÊUTICAS BASEADAS NA REDUÇÃO DE DANOS

ENTRE POLÍTICAS Y PRÁCTICAS: ACTIVIDADES TERAPÉUTICAS BASADAS EN LA REDUCCIÓN DE DAÑOS

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ABSTRACT

Objective: to investigate the therapeutic practices carried out in Psychosocial Care Centers for Alcohol and Drugs (CAPS ad) based on the policy of harm reduction. **Method:** qualitative study of applied nature based on exploratory and descriptive field research in a CAPS ad service with 10 professionals who were interviewed with aid of a semi-structured script. Data were analyzed through the Content Analysis Technique in the thematic modality. **Results:** the conceptual bases of harm reduction are restricted to drug reduction, not immediate advocacy of abstinence and prevention of comorbidities. Valuation of self-esteem, self-care, exchange of experiences and patient management in the medical office were the strategies cited. The family, the user, and the professional team proved to be facilitating aspects of harm reduction. **Conclusion:** there are gaps for the operationalization of the Policy. Managerial, dialogical and educational actions including the mental health network are necessary to fill these gaps. **Descriptors:** Public Policies; Professional Practice; Knowledge; Harm Reduction; Risk Reduction Behavior; Mental Health Services.

RESUMO

Objetivo: investigar as práticas terapêuticas realizadas em Centros de Atenção Psicossocial de Álcool e Drogas (CAPSad) pautadas na política de redução de danos. **Método:** estudo qualitativo com natureza aplicada, a partir de pesquisa de campo, exploratória e descritiva, em um dos serviços de CAPSad, com 10 profissionais, entrevistados por meio de um roteiro semiestruturado. A produção de dados foi analisada pela Técnica de Análise de Conteúdo na modalidade Análise de conteúdo temática. **Resultados:** as bases conceituais da redução de danos estão restritas à redução da droga, não preconização imediata da abstinência e prevenção de comorbidades. A valorização da autoestima, autocuidado, troca de experiências e o manejo do paciente no consultório foram as estratégias citadas. A família, o usuário e a equipe profissional foram revelados como aspectos facilitadores da redução de danos. **Conclusão:** existem lacunas para a operacionalização da Política. Para o preenchimento, são necessárias ações gestoras, dialógicas e educativas englobando a rede de saúde mental. **Descritores:** Políticas Públicas; Prática Profissional; Conhecimento; Redução do Dano; Comportamento de Redução do Risco; Serviços de Saúde Mental.

RESUMEN

Objetivo: investigar las prácticas terapéuticas realizadas en Centros de Atención Psicossocial de Alcohol y Drogas (CAPSad) pautadas en la política de reducción de daños. **Método:** estudio cualitativo con naturaleza aplicada, a partir de investigación de campo, exploratoria y descriptiva, en uno de los servicios de CAPSad, con 10 profesionales, entrevistados por medio de una guía semi-estructurada. La producción de datos fue analizada por la Técnica de Análisis de Contenido en la modalidad Análisis de contenido temático. **Resultados:** las bases conceptuales de la reducción de daños están restringidas a la reducción de la droga, no preconización inmediata de la abstinencia y prevención de comorbilidades. La valoración de la autoestima, autocuidado, compartir experiencias y el manejo del paciente en el consultorio fueron las estrategias citadas. La familia, el usuario y el equipo profesional fueron revelados como aspectos facilitadores de la reducción de daños. **Conclusión:** existen lagunas para la operación de la Política. Para completarla, son necesarias acciones gestoras, dialógicas y educativas englobando la red de salud mental. **Descritores:** Políticas Públicas; Práctica Profesional; Conocimiento; Reducción Del Daño, Conducta de Reducción Del Riesgo; Servicios de Salud Mental.

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INTRODUCTION

The use, abuse and dependence on psychoactive substances are problems triggered by their illicit and licit use, which has been growing considerably in recent years in the world scenario, not to mention the precocity with which they have become part of the subjects' daily life.¹

In a survey conducted by the Brazilian Center for Information on Psychotropic Drugs (CEBRID) in 2005, where approximately 107 Brazilian municipalities and more than 200,000 individuals were investigated, it was found that the proportions of tobacco and alcohol use were 12.3% and 10.1%, respectively. The use of marijuana was the first among the illicit drugs, used by 8.8% of the interviewees. In terms of access, cocaine was defined as the most accessible by more than half of respondents (51.1%) while crack is more restricted (43.9% of respondents). In terms of use, 2.9% of the respondents stated that they had made use of cocaine at least once.²

The above numbers denote a major public health problem. The examination of public health policies aimed at minimizing and establishing actions to address problems such as this shows that actions aimed at Harm Reduction (HR) were adopted in 1994 through practices focused on prevention of viral hepatitis and HIV/AIDS in social groups considered vulnerable to the transmission of the viruses by sharing contaminated syringes and needles in the case of injected drugs.³

More than mere prevention of the above mentioned diseases, HR proposed a change in the relation that individuals had with drugs, sharpening people's autonomy by the activities developed and the non-prioritization of abstinence for the treatment to happen. With time, preventive and promotion actions in health began to be emphasized in other institutionalized environments and in the streets, allowing a more effective service to this group of users in particular.⁴

Thus, with the consolidation of Psychosocial Care Centers in 2001, when the Psychiatric Reform Law was approved and sanctioned, the strengthening of these services got evident. In the following year, Psychosocial Care Centers for Alcohol and Drugs (CAPS ad) were established with non-intensive, semi-intensive, intensive or non-intensive daily care, provided to assist users with disorders resulting from abuse of illicit and licit drugs. Individualized therapy planning of continuous evolution is

synthesized in a multidisciplinary way, guaranteeing a more humanized care, aiming at the autonomy and freedom of users besides the possibility of early interventions, support of community care practices and psychiatric beds in general hospitals.⁵

In 2003, the National Policy for Users of Alcohol and Other Drugs started to search new strategies for a more effective link with users and their families, seeking to incorporate prevention, education, treatment and promotion measures that are easy to adapt to different needs in the modality of programs.⁶ Thus, HR cannot be reduced to a technique, but it is rather a way of working grounded on ethics of relationships based on autonomy, dialogue and co-responsibility between professionals and users.⁷

In this relation, the social stigma against drug users is sometimes present also in the professionals who assist them. In this sense, HR tries to deal with these dilemmas that emerge in practice, seeking to raise the awareness of the subjects involved in the provision of services to host issues related to drug use. A comprehensive and inclusive stance should be a characteristic of professionals, considering that users are rational individuals. Thus, health services should establish a cooperative relationship, trivializing coping techniques and hostility, and using community service through health educators.⁸

In view of this, a concern to understand the systematization of work within the CAPS ad using the strategy of HR as a basis emerged. In view of the contribution of this debate, we perceive the importance of analyzing the Policy/Practices interface, generating possibilities to subsidize improvements in services that are moving toward drug prevention and health promotion.

OBJECTIVE

- To investigate the therapeutic practices performed in Psychosocial Care Centers for Alcohol and Drugs (CAPS ad) based on the policy of harm reduction.

METHOD

This is a qualitative study with applied nature based on exploratory and descriptive field research.⁹ The study has as scenario a CAPS service of the city of Paraíba, Brazil. The population consisted of all active workers who dealt with users and family members of people who had current or previous dependence on illicit and licit drugs. Workers who had been linked to the service for at least six months and who had availability to

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give an interview were included in this study; two workers who refused to participate claiming to have no time available for the research were excluded.

Thus, 10 professionals were interviewed individually, including two physical educators, two nurses, two psychologists, a social worker, a physician, a psycho-pedagogue and a nursing technician. Age ranged from 21 to 63 years; there were four males and six females; seven were married, two unmarried and one was divorced. Six participants had postgraduate degrees; the time elapsed after graduating ranged from 8 months to 31 years; time acting in mental health or in the CAPS ad varied between 6 months and 10 years; three had effective employment bond and the others were hired.

Data production took place between May and June 2015 through semi-structured interviews. The primary sources of the study were the identification data and the open questions directed to the theme. Interviews were carried out using a digital recorder and afterwards they were transcribed verbatim. In addition to the identification data, the reports addressed the knowledge and practices based on HR.

"Content analysis" was the technique used for processing and analyzing the data. The process consisted in the three stages raised by Bardin, namely: pro-analysis; material exploration; and treatment of results, inference and interpretation.¹⁰ The first step was to explore the material by means of several readings, which is called a "floating reading". The moment of codification of material involving the extraction of excerpts from the text, classifying and grouping data into theoretical or empirical categories, which characterized the second phase. The last phase corresponded to working on data within each category, allowing the highlight of sets of information for analysis and conclusive interpretations based on official documents and specific literature on the theme.

Access to the research scenario and consequent production of data only occurred after approval of the project by the Research Ethics Committee, CAAE: 43444714.1.0000.5182, Opinion nº 1,027,857. Ethical considerations were respected in all stages of the research, according to the provisions of Resolution nº 466/2012 of the National Health Council. For anonymity, the interviews were identified according to the order of realization.

The results obtained in the collection sources were structured based on the speeches provided in the semi-structured

interviews, using thematic categorical analysis as the fundamental pillar, for which anonymity was ensured to the professionals, who were identified by the name "Interviewee" followed by a cardinal numeral. The information highlighted from the interviews and reading and analysis of the material resulted in the construction of categories.

The first category emphasizes the empirical conceptual bases in which the subjects describe the theoretical knowledge. The second category emphasizes the activities and methods performed by professionals for application of HR strategies in the CAPS ad; and the last one portrays the aspects that contribute or that act as obstacles to the operationalization of HR. Then, the categories were organized with explanatory adjustments.

RESULTS

◆ Understanding of professionals about Harm Reduction

Becoming aware of the operationalization proposed by HR is absolutely necessary premise because it is one of the pillars that underpins the functioning of the CAPS ad, being fomented by the public health policies that guide the activities for publics such as that one assisted by the CAPS ad, specifically.

When questioned about the conceptual basis of HR, some of the interviewees expressed opinions that are close to the fundamentals of HR according to the policy of Comprehensive Care for Users of Alcohol and other drugs, as shown in the following statements:

It is trying to reduce the abusive use of a substance [...] we offer another treatment route for the user that is not that classic treatment of total abstinence, considering that some users do not have this plan to quit or cannot do it at certain moments of the treatment (Interviewee 3).

[...] To make the patient who has difficulty to abstain from a substance, that he may be welcomed by a service or another, when he seeks in the long term to abstain from this substance by reducing the practical use of the substance or shifting to a less harmful (Interviewee 10).

In the opinion of some professionals, the concept is inherent and restricted to reduction of use and abuse of the drug, emphasizing only the aspect of immediate prohibition of abstinence.

Another part of the professionals had conceptions of HR that are close to those defended as a more modern and complete proposal. Even indirectly, these conceptions seem to take into account the sociocultural

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particularity, allowing a better understanding of the risks and damages in the daily life of each user.

[...] the use of disposable syringes, to avoid the proliferation of diseases that spread in this environment... to minimize the damages caused by a drug (Interviewee 1).

Generally, not to abstain totally from an illicit drug, but giving them the conditions to lessen the risks to which the patient is exposed (Interviewee 5).

The unfinished concept evident in the discussions of professionals highlights the absence or lack of information about HR, which is cause of concern because the policy is propagated in the activities developed by them. The question about how they got to know the concept of HR was then explored:

[...] nothing of this was presented in the university; it comes more from my own experience (Interviewee 2).

It was my initiative. I searched for information on my own; there was no training on Harm Reduction, I read about Harm Reduction during the preparation of my master thesis but little, very little, the rest was through the internet and my own search on the policy, really. The city hall helped, but this current management is not helping at all (Interviewee 7).

There were some trainings, but not by the municipality; we did some courses through the university, a professional informed us, and then we went there and enrolled and we did the training there (Interviewee 8).

Knowledge about HR was seized in a number of ways. It was noticed in the speeches and in the data obtained to draw the profile of the subjects of the research that links of knowledge on the theme are directly proportional to the time elapsed after graduation and the time of professional performance. It is also evident that private search was motivated by the very need that the activities within the CAPS ad work process demands. The professional experience in itself provides a channel of knowledge, because according to professionals, the knowledge based on operationalization of the HR Policy was deficient or even inexistent in the course when they were academics.

◆ Strategies and activities that enable Harm Reduction

The professional practice ends up reduced to technical and empirical knowledge and the private experience of the professionals to the detriment of the activities proposed by the policies. On the practices developed within the scope of the CAPS ad, from the HR perspective, the professionals mentioned the following statements regarding the strategies and activities developed in the work process:

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I cannot say that I do a specific activity for this, but from the moment I work to rescue the self-esteem, the life project, the self-care, trying to recover the relationship with other people, I think I'm doing a work that is Harm Reduction (Interviewee 3).

We work in this way, exchanging experiences among them, the users [...] But materials, folders, pamphlets, we don't have, it's mostly like this, speaking (Interviewee 8).

It's a medication issue. The patient is taking a high dosage of a medication, let's say, clonazepam, of two, in this case harm reduction would be reducing to one or 0.5 and to reverse the whole medication by checking if the medication he is taking is affecting his sleep, for example (Interviewee 2).

According to the practices adopted by some professionals, HR is linked to individual self-valuation issues such as: self-esteem, self-care, life project and collective environments such as a place to exchange experiences in order to sharpen the interest of users in being the main actor of the recovery. One prerogative in the reported actions is the incentive not to practice abstinence, but to modify the other substances except the prescribed medications, to replace them for other less harmful and/or to decrease the dosages of medications already used.

◆ Facilitating and difficult aspects for operationalization

For the effective practice of this policy, as in other cases, it is necessary a range of factors that are beyond the professional practice. It is in this sense that this category was created, dealing with the aspects that facilitated and hindered the operationalization of HR within the work process.

In the speeches, the institution "family" is always visualized as an active incentive in the treatment of the user, and is also linked as a target of care because the families often suffer along with the users. This meaning was linked and mentioned by professionals:

The family is very important in this process. Here we have a periodic meeting with families, where they are also oriented about some points. So this interaction is a positive thing (Interviewee 1).

Involving the family, with the meeting, we give support (Interviewee 5).

Attached to the family and representing it within the service is the vulnerable individual who seeks the service for help. Regardless of the therapeutic basis used, the active subject of any process is the user himself. Adopting all the points suggested by the professionals depends on the user, and especially in the case of HR in which the autonomy of the

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subject stands out as one of typical aspect. Still regarding the facilitating or hindering aspects visualized by the professionals, there was an aspect directly or indirectly stressed by the majority of the interviewees, which is the fact that the user himself is a factor that positively and in some situations negatively contributes to therapy:

The CAPS is not obliged to come, only when there is a judicial indication, they come out of their own will, so it is what most makes it easier (Interviewee 6).

I think it is the patient's profile, being fit for the option of Harm Reduction (Interviewee 10).

I always thought that the treatment here depends a lot on the user, the user has to want to be treated [...], so the biggest obstacle, the biggest obstacle is this. Sometimes he spends the day here without drinking, and when he goes out he goes after a drink, and often when he returns, he is still under the effect. [...] What we can do is to inform him on this issue that he is the main protagonist (Interviewee 1).

In line with all the work developed in the institution, although some activities are carried out by a single professional, the multidisciplinary team is indisputably important. Even when the user has one specific reference technician, there is the possibility of participation in the other activities developed by all professionals. The work of the team is something that stands out within the dynamics of the therapeutic activities and this was evidenced by the professionals as something that facilitates the "putting Harm Reduction into practice".

What I see is the team work; the Harm Reduction practices are encouraged, sometimes some employees come to clarify their doubts with me, we exchange information (Interviewee 7).

I think the integration of the team. Every Friday we have a meeting, and we share some cases that call attention, [...] this interaction and grounding with the team, this exchange of experience, is what makes things keep going and really happen (Interview 9).

In these words we perceive that the professional team is assigned as the main element of the operationalization of a concrete transformation of the health panorama of the users, despite the difficulties encountered. These difficulties were also cited by professionals.

The hindering aspect for the implementation of planned actions is linked to the environment and the available inputs, which are inherent in HR practices. Another device that goes beyond "wish" or "planning" is the lack of training, also mentioned in the

previous category, showing how this issue is linked to the negative organization and planning of management.

It is a lack of conditions, in a general way. [...] Although there is care, there is always something missing that does not come to hand [...] Training of the team, which is important. We do not have the financial conditions, individually, to travel, to keep courses like this, and for this reason it is a difficult point (Interviewee 4).

[...] lack of material tools, everything they do not provide, the work we do is more verbalizing and reading some further information we can get, and who does any course, any colleague who has some experience, he passes such information for the rest of the team, this is how it works (Interviewee 8).

The structural part, the physical structure is not good [...] (Interviewee 9).

DISCUSSION

Frequent use of drugs plays a central role in the daily life of subjects and leads to physical, psychological and social consequences. There is also the predisposition to risk behaviors and discrimination by the fact of using and living under the control of drugs, which results in processes of marginalization and exclusion even within the health services that are necessary for recovery.¹¹

In the quest to modify such scenarios, HR programs seek to address public health goals such as improving health, social well-being and quality of life. Thus, it can be understood that this strategy prioritizes the improvement of the lives of people who use drugs, establishing partnerships by linking a harm reduction-oriented practice.¹²

In this study, the focus given to the concept according to the speeches of the interviewed professionals rescues historically the first step of HR. The subjects were able to have a normal and productive life if a minimal dose of drug was administered regularly. Drug dependence is primarily visualized in the modern historical context as a complex problem. It should be addressed through multiple and unique strategies.¹³

Another part of the interviewees reported that the notions of "harm" and "risk" are associated when they are directed to activities to prevent damage, contrary to a research that brings harm reduction as characterizing interventions that minimize the damages arising from an event already in course or which has been practiced by individuals.³

The aspects of treatment that underpin the care models in the problem of drug addiction

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highlight the psychosocial and socio-cultural aspects of the involved individuals. It is not considered a simple differentiated therapeutic approach, but rather purposes to provide space for sociopolitical values, interrelationships, individual freedom and the right to decide on their own body as individuals and as community.¹⁴

The construction of this concept from the speeches comes from the structuring of the knowledge obtained by professionals, which in the studied reality is in a common consonance with a study carried out with professionals working in outpatient facilities.¹⁵ It is emphasized that the information that fosters the practice was apprehended not only in the courses undertaken, but fundamentally through the practice dealing with users on the streets and through the exchange of experiences among the professionals themselves. Similar to this finding, another research showed that, in general, professionals who are hired for short times, who had little work experience, had not yet undergone training and, consequently, were not aware of the applicability of HR as a work strategy among users.¹⁶

Deficient training promoted by the management was a recurrent statement among a significant portion of interviewees, and they point out to a problem. Training courses for professionals are a key premise within the Permanent Education Policy of the Ministry of Health, where a more potent integration between training institutions and the health system is stressed with the objective of organizing health services, to contribute to strengthen equity, consolidate the SUS, and update and qualify professionals to meet the demands of the users, the team and the service.¹⁷

Based on the theoretical sense of the Policy for practice in the studied reality, in the activities carried out by some of the professionals, there is a prominent emphasis of self-valuation with the work of self-esteem, self-care, life project and exchange of experiences. A survey of CAPS users revealed that most of them had low self-esteem (96%).¹⁸ In another study, the majority of people with chemical dependence (69.2%) responded positively when asked about feelings of preoccupation or restlessness, and 66.6% said they felt sad.¹⁹

This results show that, in order to restore quality of life, actions to make individuals reflect on their own behavior are necessary, with emphasis on risk situations and search for alternatives, other than drugs, to promote self-esteem, self-confidence and self-help.

Principles such as human dignity and human rights of drug users should be included in the provision of the different HR strategies. The promotion of reduction of risks and vulnerabilities associated with drug use, especially related to sexually transmitted infections, are health actions embodied in this premise.²⁰ The availability of supplies for protection against HIV/AIDS and Hepatitis are activities proposed by the Ministry of Health,²¹ but was reported as precarious in the daily routine of the CAPS ad studied.

Another practical highlight was the incentive to avoid the practice of abstinence. A research showed the possibility and importance of consumer actions with staggered objectives where the user does not have to interrupt the consumption abruptly, but rather gradually reduce it as soon as users identify other problems of their life and start to direct their actions with a view to solving the problem.¹⁵

The essence of HR strategic actions in Public Health symbolizes a positive operationalization, establishing a theoretical-practical perspective in line with clinical-political aspects.⁸ It should be noted that for the implementation of this policy, professional practice depends not only on knowledge and action, but also of influencing media that may be positive or not.

It is in this sense that the family was seen as a positive factor by the interviewees. The "family" is an institution that enables the initial socialization and is fundamental for the treatment of drug abuse. In this sense, a study analyzing European family prevention programs emphasized that the role of the family should be considered as the basis of drug prevention projects.²² It is important to observe that 81% of users surveyed in a study about family involvement in their recovery said that the presence of their families made a difference in their treatment. The relevance of the family is not only evident in the monitoring and treatment, but goes beyond several aspects such as financial support, dialogue and affection.²³

As active subjects of the process, the patients are considered sometimes as obstacles and sometimes as hinderers in the application of HR practices. With respect to the perception of users, a survey highlights that many do not share the expectation of the desire for abstinence and do not go ahead with treatment, abandoning services. Other users do not even seek treatment, because embracement is absent in the sense of respect for differences, leading to a low level of adherence. The standard service can lead to

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the withdrawal of users.²⁴ Few documents have pointed out that users are indispensable participants in the development and implementation of HR policies.²⁵

Besides the users, the professional team is also viewed as playing the role of fundamental to effective implementation of the policy. Similar to this finding, a study in the field of mental health care portrays teamwork as an essential element²⁶ promoting interaction among the various professionals who work in the service. The team reinforces interpersonal relationships as a way of helping to create the professional-patient bond.

For this, social responsibility on the part of professionals as part of the health team before users and before the institution as a whole is necessary.²⁷ Mental health work requires that the professionals carry out their activities in a group, based on the action and reflection of the praxis, because workers of this sphere are versatile, transcending the specificity of this area of activity and going beyond the exclusively technical aspects.²⁸

In line with the precariousness of the available resources and of the environment reported by the interviewed professionals, the lack of initiatives of the services to provide training that subsidize professional performance, in this specific case, training of nurses, is evidenced in the literature.²⁹ In a study carried out in a CAPS ad, it was highlighted that actions such as promotion of exchanges of syringes, needles and disposable inhalers are not performed, justified by the absence of these materials. The absence of technical support and information on HR with regard to principles, interventions and operationalization in the service is one of the most outstanding results.³⁰

Several issues were reflected as those that are far from an effective implementation of HR within the CAPS ad environment, all of them inherent in aspects that escape the possibilities of interference by professionals to the effectiveness of the mentioned issues. We can figuratively reflect these issues as a pyramid, where there is a basis represented by the government with its programs that foster every process, but which is inherent in a theory far from the reality.

At the midpoint of the pyramid, there are all the means that foster therapeutic activities developed in the CAPS environment and the necessary inputs for HR practice, which is restricted to the discourse of professionals and other less equipped means of health education. Finally, the tip of the pyramid is represented by the active subject of all actions hitherto discussed, so active

that all these premises only happen with the total opening and binding of the subjects to adhere or not to what is proposed, including in this case, factors that cause the entire process to be disrupted. Thus, the other aspects having a good operation is worthless if users do not collaborate with the whole process.

CONCLUSION

The dialogue on HR with the CAPS ad professionals preliminarily emphasized the conceptual bases as a strategy that is inherent in the reduction of drug use, highlighting the aspect of immediate abstinence and prevention of comorbidities. It was also stressed out that the means of knowledge are diversified by the practice itself, specific courses in the area, professional deepening. Training courses were reported as a deficient point.

About the strategies developed, dialogue was one of the outstanding points, together with the valuation of self-esteem, self-care, life project and exchange of experiences, actions inherent only to the management of patients within environmental limits, referring to the medical office and *praxis*, and culminating in activities of prescription and replacement of medications. Another highlight was the lack of inputs such as educational folders and materials on the use of drugs within HR actions.

Families, users and the professional team were highlighted as aspects that facilitated the adoption of the policy within the CAPS ad activities, emphasizing the importance of these elements, and that they can be considered even as a trinomial in the context of successful treatment. At the same time, users and the lack of resources provided by the management were considered as obstacles.

As a suggestion for professionals and managers, these gaps could be eliminated through a real verification of practical needs, description of a possible operationalization for the action of the different involved parties, requiring a systematic observation of the daily routine in the service, participatory planning of the teams, users and their relatives, organization and coordination of activities, competent interventions, continuous evaluation, training of the teams for the transdisciplinary action with definition of the best action plan to be shared in periodic meetings for the complementarity of the attention with active involvement of all the institutions that foment the network.

The research is not a mere verification of sets of knowledge, but it is rather an evaluation of the service based on the speeches of professionals within the context of HR. What was made evident was that there is yet much to improve. Therefore, we hope that this research may serve as a subsidy for managers and professionals to recognize the barriers that still hinder HR practices and that this reflection encourages the creation of strategies to minimize or even eliminate them. Moreover, the relevance of this work to the academic community as a whole by its contribution to a training environment for future health professionals.

REFERENCES

1. Tenório MK, Carneiro MS, Fonseca de SP, Tenório-Souza FM, Vasconcelos DCC. Representações sociais do uso e abuso de drogas entre familiares de usuários. *Psicologia em Estudo* [Internet]. 2013 [cited 2017 Oct 04];18(2):269-79. Available from: <http://www.redalyc.org/articulo.oa?id=287128992008>
2. Ministério da Justiça (Brasil). Secretaria Nacional de Políticas sobre Drogas. O uso de substâncias psicoativas no Brasil: módulo 1. Brasília (DF); 2014.
3. Brito HC de, Nóbrega AF. Programa de redução de danos: perspectiva histórica e uma análise compreensiva das práticas antes e depois da lei nº 11.343/06. *Rev. Interfaces* [Internet]. 2013 [cited 2017 Oct 14];1(3):2-22. Available from: <http://interfaces.leaosampaio.edu.br/index.php/revista-interfaces/article/view/11/16>
4. Dourado GDOL, Costa MCM, Santos ADA, Queiroz, AAFLN, De Sousa AFL, Alves LKDCA. Redução de danos no âmbito da estratégia saúde da família: análise reflexiva. *R. Interd* [Internet]. 2014 [cited 2017 Oct 14];7(2):173-83. Available from: https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/316/pdf_125
5. Piva LC, Maggi A. Centros de atenção psicossocial álcool e drogas e a psicologia. *Aletheia* [Internet]. 2012 [cited 2017 Sept 14];1(37):121-32. Available from: <http://pepsic.bvsalud.org/pdf/aletheia/n37/n37a09.pdf>
6. Ministério da Saúde (Brasil). Coordenação Nacional DST/AIDS. A política do Ministério da Saúde para a atenção integral a usuários de álcool e outras drogas. Brasília(DF); 2003. Available from: http://bvsmis.saude.gov.br/bvs/publicacoes/politica_atencao_alcool_drogas.pdf
7. Ministério da Saúde (Brasil). Secretaria de Gestão do Trabalho e da Educação na Saúde. *Caminhos do Cuidado: caderno do tutor*. Brasília(DF); 2013.
8. Forteski R, Faria JGD. Estratégias de Redução de Danos: Um exercício de Equidade e Cidadania na Atenção a Usuário de Drogas. *Rev. de Saúde Pública de SC* [Internet]. 2013 [cited 2017 Set 14];6(2):78-91. Available from: <http://esp.saude.sc.gov.br/sistemas/revista/index.php/inicio/article/viewArticle/169>
9. Marconi M de A, Lakatos EM. *Metodologia Científica*. 7th ed. São Paulo: Atlas Editora; 2017.
10. Bardin L. *Análise de Conteúdo*. São Paulo: Edições 70; 2011.
11. Krawczyk N, Veloso Filho CL, Bastos FI. The interplay between drug-use behaviors, settings, and Access to care: a qualitative study exploring attitudes and experiences of crack cocaine users in Rio de Janeiro and São Paulo, Brazil. *Harm reduction journal* [Internet]. 2015 [cited 2017 Sept 14];12(1):1-24. Available from: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-015-0059-9>
12. Stancliff S, Phillips BW, Maghsoudi N, Joseph H. Harm reduction: front line public health. *Journal of addictive diseases* [Internet]. 2015 [cited 2017 Oct 02];34(2-3):206-219. Available from: <http://www.tandfonline.com/doi/abs/10.1080/10550887.2015.1059651>
13. Fonsêca CJB da. Conhecendo a redução de danos enquanto uma proposta ética. *Psico. Sab.* [Internet]. 2012 [cited 2017 Oct 02];1(1):11-36. Available from: <http://revistas.cesmac.edu.br/index.php/psicologia/article/view/42/21>
14. Assis JT de, Barreiros GB, Conceição MIG. A internação para usuários de drogas: diálogos com a reforma psiquiátrica. *Rev Latinoam Psicopat Fund* [Internet]. 2013 [cited 2017 Oct 02];16(4):584-96. Available from: <http://www.scielo.br/pdf/rlpf/v16n4/07.pdf>
15. Lima HS de, Seidl EMF. Street outreach office: Attention to people on psychoactive drug/substance abuse. *Psicologia em Estudo* [Internet]. 2015 [cited 2017 Oct 02];20(1):57-69. Available from: http://www.periodicos.uem.br/ojs/index.php/PsicolEstud/article/view/24697/pdf_11
16. Scheffer AM, Antunes N, Büchele F. Harm reduction as a strategy to work with drug users in local health units in the city of Florianópolis, southern Brazil. *Brazilian Journal of Mental Health* [Internet]. 2012 [cited 2017 Oct 02];3(7):73-92. Available from:

<http://incubadora.periodicos.ufsc.br/index.php/cbsm/article/view/1906/2179>

17. Ministério da Saúde (Brasil). Secretaria de Gestão do Trabalho e da Educação na Saúde. Guia de Saúde Mental: atendimento e intervenção com usuários de álcool e outras drogas. Brasília (DF); 2014.

18. Silveira C da, Meyer C, Souza GR de, Ramos MO, Souza MC, Monte FG et al. Qualidade de vida, autoestima e autoimagem dos dependentes químicos. Ciênc. saúde coletiva [Internet]. 2013 July [cited 2017 Nov 14];18(7):2001-6. Available from: <http://www.scielo.br/pdf/csc/v18n7/15.pdf>

19. Lucchese R, Silva PCD, Denardi TC, Felipe RL de, Vera ICPA et al. Common mental disorder among alcohol and drug abusers: a cross-sectional study. Texto contexto - enferm. [Internet]. 2017 [cited 2017 Nov 14];26(1):1-7. Available from: <http://www.scielo.br/pdf/tce/v26n1/0104-0707-tce-26-01-4480015.pdf>

20. Santos TRFR, Santos RM. As ações do projeto de redução de danos em saúde no município Aracaju/SE. Interfaces Científicas [Internet]. 2016 [cited 2017 Nov 08];4(2):43-52. Available from: <https://periodicos.set.edu.br/index.php/saude/article/view/3006/1609>

21. Ministério da Saúde (BR). Portaria nº 1.028, de 1 de julho de 2005. Determina as ações que visam à redução de danos sociais e à saúde, decorrentes do uso de produtos, substâncias ou drogas que causem dependência. Diário Oficial [da] República Federativa do Brasil, Brasília(DF);01 June 2005. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2005/prt1028_01_07_2005.html

22. Lloret Irlles D, Espada SJP, Cabrera PV, Burkhart G. Prevención familiar del consumo de drogas en Europa: una revisión crítica de los programas contenidos en EDDRA. Adicciones [Internet]. 2013 [cited 2017 Nov 08];25(3):226-34. Available from: <http://www.redalyc.org/articulo.oa?id=289128256005>

23. Melo PF, Paulo MAL. A importância da família na recuperação do usuário de álcool e outras drogas. Saúd. Coletiv. Debat.[Internet]. 2012 [cited 2017 Nov 08];2(1):84-94. Available from: <http://fis.edu.br/revistaenfermagem/artigos/vol02/artigo09.pdf>

24. Fonseca RL, Alencar CA, Pereira CV, Fonseca MAMOL, Silveira AR. Percepção de usuários de crack sobre o tratamento em um centro de atenção psicossocial, álcool e outras drogas. Rev APS [Internet]. 2014 [cited 2017 Nov 08];17(2):214-22. Available from:

<https://aps.ufjf.emnuvens.com.br/aps/articloe/view/1911/805>

25. Hyshka E, Anderson-Baron J, Karekezi K, Belle-Isle L, Elliott R, Pauly B et al. Harm reduction in name, but not substance: a comparative analysis of current Canadian provincial and territorial policy frameworks. Harm Reduct J. [Internet]. 2017 July [cited 2017 Nov 30];14(1):50. Available from: <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-017-0177-7>

26. Pessoa Júnior JM, Santos RCA, Clementino FS, Nascimento EGC, Miranda FAN. Mental health education and Professional practice in the psychiatric hospital. Texto contexto - enferm [Internet]. 2016 [cited 2017 Nov 14];25(3):e3020015. Available from: <http://www.scielo.br/pdf/tce/v25n3/0104-0707-tce-25-03-3020015.pdf>

27. Alves HMC, Dourado LBR, Côrtes VNQ. A influência dos vínculos organizacionais na consolidação dos Centros de Atenção Psicossociais. Ciênc saúde coletiva [Internet]. 2013 Oct [cited 2017 Nov 14];18(10):2965-2975. Available from: <http://www.scielo.br/pdf/csc/v18n10/v18n10a21.pdf>

28. Silveira RWM, D'tolis POAO. Impactos da ação de agentes redutores de danos segundo profissionais da rede SUS. Rev abordagem gestalt [Internet]. 2016 [cited 2017 Nov 14];22(1):79-88. Available from: <http://pepsic.bvsalud.org/pdf/rag/v22n1/v22n1a10.pdf>

29. Pinto da Costa I, Figueirô A de AL, De Almeida MR, Oliveira MJC, Oliveira FB de, Bezerra VP. Autopercepção de enfermeiros acerca da assistência a usuários de álcool e outras drogas de um centro de atenção psicossocial. J res: fundam care [Internet]. 2014 [cited 2017 Nov 14];6(5):90-101. Available from: <http://www.redalyc.org/articulo.oa?id=505750772009>

30. Carvalho B, Dimenstein M. Análise do discurso sobre redução de danos num CAPSad III e em uma comunidade terapêutica. Temas psicol. [Internet]. 2017 June [cited 2017 Dec 03];25(2):647-60. Available from: <http://pepsic.bvsalud.org/pdf/tp/v25n2/v25n2a13.pdf>

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