



## Correlations between the legal-political and theoretical-conceptual dimensions related to the notion of abstinence\*

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**Objective:** to analyze the concept of abstinence (theoretical-conceptual dimension) presented in documents from the Ministry of Health (legal-political dimension), namely, the Comprehensive Care Policy for Users of Alcohol and other Drugs launched by the Ministry of Health and Ordinance No. 3088, from 2011, which establishes the Psychosocial Care Network, thus distinguishing the different meanings that this concept has acquired. **Methodology:** qualitative research in which the analysis of the concept is permeated by Document Analysis, a qualitative research method. **Results:** three meanings related to the concept of abstinence were found based on the analysis carried out in the chosen documents: (1) purpose of the treatment; (2) possibility of treatment; (3) clinical condition. **Conclusion:** the concept of abstinence, present in documents guided by the harm reduction policy, has meanings that not only are not opposed to such policy, but reaffirm it. However, it is possible that this concept gets twisted and ends up being used to validate therapeutic plans based on the prohibitionist approach, promoting the ambiguity that crosses the field of health care for users of alcohol and other drugs.

**Descriptors:** Psychoactive Drugs; Psychosocial Care; Public Health; Mental Health.

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## Correlações entre as dimensões jurídico-política e teórico-conceitual da noção de abstinência

**Objetivo:** analisar o conceito de abstinência (dimensão teórico-conceitual) apresentado em documentos do Ministério da Saúde (dimensão jurídico-política), a saber, a Política do Ministério da Saúde para a Atenção Integral a Usuários de Álcool e Outras Drogas e a Portaria n.º 3088, de 2011, que institui a Rede de Atenção Psicossocial, distinguindo os diferentes sentidos que tal conceito apresenta. **Metodologia:** pesquisa de natureza qualitativa, sendo a análise do conceito permeada pelo método da Análise Documental de caráter qualitativo. **Resultados:** foram encontrados três sentidos para o conceito de abstinência a partir da análise feita nos documentos escolhidos: (1) finalidade do tratamento; (2) possibilidade de tratamento; e (3) quadro clínico. **Conclusão:** o conceito de abstinência, presente nos documentos que se norteiam pela política de redução de danos, possui sentidos que não se contrapõem a tal política, mas a reafirmam. No entanto, é possível que esse conceito seja deturpado e utilizado de modo a validar, ao contrário, propostas terapêuticas pautadas na lógica proibicionista, fomentando a ambigüidade que atravessa o campo assistencial ao usuário de álcool e outras drogas.

**Descritores:** Substâncias Psicoativas; Atenção Psicossocial; Saúde Pública; Saúde Mental.

## Correlaciones entre las dimensiones jurídico-política y teórico-conceptual de la noción de abstinencia

**Objetivo:** analizar el concepto de abstinencia (dimensión teórico-conceptual) presentado en documentos del Ministerio de Salud (dimensión jurídico-política), a saber, la Política de Atención Integral a los Usuarios de Alcohol y Otras Drogas del Ministerio de Salud y la Ordenanza nº 3088, de 2011, que instituye la Red de Atención Psicossocial y distinguir los diferentes significados que presenta dicho concepto. **Metodología:** investigación cualitativa, en que el análisis del concepto resulta impregnado por el método de Análisis Documental de carácter cualitativo. **Resultados:** se encontraron tres significados para el concepto de abstinencia a partir del análisis realizado en los documentos elegidos: (1) finalidad del tratamiento; (2) posibilidad de tratamiento; (3) condición clínica. **Conclusión:** el concepto de abstinencia, presente em documentos referentes a la política de reducción de daños, tiene sentidos que no se oponen a dicha política, sino que la reafirman. Sin embargo, es posible que este concepto sea distorsionado y utilizado para validar, a contrario *sensu*, propuestas terapéuticas basadas en la lógica prohibicionista, lo que fomenta la ambigüedad que atraviesa el campo de la asistencia a los usuarios de alcohol y otras drogas.

**Descriptores:** Agentes Psicoactivos; Atención Psicossocial; Salud Pública; Salud Mental.

## Introduction

The mental health field in Brazil can be characterized as a complex social process, made up of four dimensions that intertwine in a convergent or divergent way: technical/care-related, sociocultural, legal-political and theoretical-conceptual<sup>(1)</sup>. The technical/care-related dimension points to a change in the organization of health mechanisms based on the psychosocial care model. In this sense, the Psychosocial Care Center (Portuguese Acronym: CAPS) constitutes a strategic mechanism<sup>(2)</sup>. In the sociocultural dimension, social interaction mechanisms are created, promoting a change in the concept of madness<sup>(3-5)</sup>. The key aspect of the legal-political dimension is the change in the legislation related to the mental health field<sup>(6-9)</sup>. The theoretical-conceptual dimension is characterized by the rupture regarding theories and concepts established within the field of psychiatry, privileging concepts such as psychosocial rehabilitation<sup>(10)</sup>, territory<sup>(11-13)</sup> and harm reduction (HR), specifically in the field of alcohol and other drugs<sup>(14)</sup>.

Initially included as a national response to the Human Immunodeficiency Virus (HIV) epidemic among users of injectable drugs, harm reduction is now seen as a comprehensive care plan for users of alcohol and other drugs, focusing on the user and taking into consideration their family, educational, professional and financial, housing, and leisure context. It is, therefore, aligned with the guidelines of the Brazilian Unified Health System (Portuguese Acronym: SUS) as it considers various sociocultural factors that determine and influence health care<sup>(15)</sup>. In this study, we will address the harm reduction policy<sup>(16)</sup> and its connections to the concept of abstinence and to prohibitionist practices within two dimensions: legal-political and theoretical-conceptual.

In the legal-political dimension, we will analyze two documents: Comprehensive Care Policy for Users of Alcohol and Other Drugs<sup>(16)</sup> launched by the Ministry of Health as well as Ordinance No. 3088/11 which establishes the Psychosocial Care Network (Portuguese Acronym: RAPS)<sup>(9)</sup>. In the first document, four aspects associated with the delivery of comprehensive care for users of alcohol and other drugs can be highlighted: (1) the clinical-political aspect of harm reduction; (2) the use of alcohol and other drugs with the potential to cause harm; (3) the inseparable link between the clinical perspective and collective health; and (4) harm reduction as a possibility for treatment based on the expanded clinic. As for the ordinance that establishes the RAPS, it is considered a landmark for promoting and accepting harm reduction practices in the technical/care-related sphere in our country, and for making an effort to overcome two aspects: abstinence as the sole therapeutic purpose and prohibitionist actions.

However, the above-mentioned ordinance presents an evident contradiction between the plan to develop harm reduction strategies (Article 2, Item VIII) and the inclusion of the so-called Therapeutic Communities (Portuguese Acronym: CT) in the psychosocial care network (Article 9, Item II).

The ambiguity presented in the legal-political dimension between harm reduction and abstinence will also be analyzed in the theoretical-conceptual dimension. Thus, we can notice several conceptions linked to contradictory practices that obstruct the debate among professionals, users and family members who use healthcare facilities such as the Psychosocial Care Center for Users of Alcohol and Drugs (Portuguese Acronym: CAPS ad) and the CT, which are based on different principles and are focused on opposite policies, in addition to having divergent therapeutic indications, thus creating true therapeutic paradoxes<sup>(17)</sup>. Matters concerning the field of alcohol and other drugs are therefore approached from positions that are invariably conflicting. On the one hand, interventions are based on harm reduction and anti-prohibitionism and, on the other, on prohibitionist and abstentionist concepts. Thus, we can observe a discursive tangle often based on religious, self-righteous, criminal and pathologizing factors<sup>(18-22)</sup>. Therefore, the general objective of this study is to analyze the different meanings of the concept of abstinence (theoretical-conceptual dimension) found in the aforementioned documents (legal-political dimension).

## Methodology

This is a qualitative study that uses the qualitative method of Document Analysis to analyze data<sup>(23)</sup>. Using documents as well as data selection, collection, analysis and interpretation, this technique allows us to find what appears to be hidden by immediate content meanings, thus letting us to go deeper into different meanings that lie behind the false idea of transparency of the concepts presented.

These two documents were chosen, firstly, because both are important guides in the healthcare field intended for users of alcohol and other drugs within the scope of the Ministry of Health. A second reason for choosing these documents lies in the fact that both emphasize harm reduction strategies as a guideline for delivering health care when it comes to treating problems arising from the use of alcohol and other drugs. However, there is a third point that makes this choice even more important: the presence of the CT and, consequently, the therapeutic indication for abstinence from alcohol and other drugs, contradicting the health care proposals advocated in these documents.

## Results

### The effort to overcome the abstinence-only approach

Specifically in the field of alcohol and other drugs, the legal-political dimension is supported by the harm reduction policy<sup>(16)</sup> that offers work guidelines in accordance with current legislation: Federal Constitution of 1988<sup>(24)</sup>, Law No. 8080/90<sup>(15)</sup>, Law No. 10216/01<sup>(6)</sup> and Ordinance No. 336/02<sup>(7)</sup>. The Federal Constitution<sup>(24)</sup> establishes that health care actions and services must be organized into a single system (Article 198). It is advocated that the access must be universal and equal, in a regionalized and hierarchical network guided by decentralization, comprehensive care and community participation (Article 198). Based on the constitutional text, the guidelines can be arranged into two categories: (1) final guidelines – universalization, comprehensive care and equity; and (2) strategic guidelines – decentralization, regionalization, hierarchy and social participation<sup>(25)</sup>. These guidelines guide health actions throughout the country, including those that refer to the mental health field, which includes the delivery of health care for users of alcohol and other drugs.

The articles of the Brazilian Federal Constitution related to the health area are duly developed and detailed in Law No. 8080/90<sup>(15)</sup> and the specific matters related to the mental health field are shown in Law No. 10216/01<sup>(6)</sup>, which provides for the protection and rights of users of mental health services, redirecting the delivery of health care that was previously focused on psychiatric hospitals to territorialized services such as the CAPS, which are regulated by Ordinance No. 336/02<sup>(7)</sup> and organized based on the size of the population and the number of patients to be served, and it is worth pointing out that the CAPS ad is the reference service for users of alcohol and other drugs.

The CAPS are part of the Specialized Psychosocial Care front linked to the RAPS, established through Ordinance No. 3088/11<sup>(9)</sup>, which also includes the following fronts: Basic Health Care, Urgent and Emergency Care, Residential Transition Care, Hospital Care, Deinstitutionalization Strategies and Psychosocial Rehabilitation. Regarding users of alcohol and other drugs, the RAPS prioritize harm reduction practices. The Residential Transition Care front includes the CTs which are focused on actions aimed at total abstinence from substances, creating an ambiguity around the practices and discourses used in the delivery of health care for those who use alcohol and other drugs.

In Brazil, until 2003, health care policies provided for users of alcohol and other drugs were based on the prohibitionist approach. Thus, *total institutions*<sup>(26)</sup> were considered privileged places for treatment, and abstinence was the end goal<sup>(14)</sup>. The harm reduction

approach was introduced in Brazil in the early 1990s as a response to the Acquired Immunodeficiency Syndrome (AIDS) epidemic in some parts of the country, targeting injectable drug users<sup>(14,27)</sup>. Currently, harm reduction has been expanded and goes beyond the abstinence-only approach<sup>(16)</sup>.

The harm reduction policy is part of the psychosocial care model and therefore presupposes territorialized services<sup>(2)</sup> and network articulation<sup>(28)</sup>. Following this logic, in acute cases, user assistance may be provided at urgent and emergency care units and, if hospitalization is required, in beds of general hospitals. In this context, harm reduction is understood as a break from moralizing conceptions and prohibitionist actions<sup>(16)</sup>, and this break has been happening since harm reduction was first introduced in Brazil, when the dissolution of stigma and prejudice against injectable drug users who were in a condition of social vulnerability was advocated. As examples, we may cite the previously mentioned harm reduction actions in the context of the HIV/AIDS epidemic and the fact that the debates arising from this matter were taken to the congresses in that period<sup>(27)</sup>.

The harm reduction policy is therefore opposed to the anti-drug policy, which is based on the confluence between justice, psychiatry and religious morality<sup>(29)</sup>. It implies a change in the attitude of health professionals, prioritizing user embracement, non-judgment, a comprehensive approach and focus on the user. Thus, there is room for users to be more engaged in their treatment and in the context of social insertion<sup>(16)</sup>. It is important to emphasize that, to achieve this comprehensive care recommended in the SUS guidelines and in the harm reduction policy, health professionals must act from an interdisciplinary perspective and the services provided must be coordinated between the healthcare and intersectoral networks. All these aspects create favorable conditions for users' expectations to be considered, making abstinence a possibility and not an end goal, an approach that favors the continuity of treatment.

Ultimately, the harm reduction plan aims to overcome the idea that imposes abstinence as the end goal, that moralizes or criminalizes the users and confines them in long-stay institutions, due to the fact that it is an approach focused on the defense of life<sup>(16)</sup>. In this approach, treatment is seen as a mutual responsibility between health professionals and users, linking it to the development of a public policy focused on creating networks that can provide the social support necessary to expand autonomy and combat the use of alcohol and other drugs.

Despite the conflicts and contradictions presented, the harm reduction policy<sup>(16)</sup> is reaffirmed in Ordinance No. 3088/11<sup>(9)</sup>, which refers to abstinence solely as a

clinical condition that must be treated in a specialized ward of a general hospital (Article 10, item I). Harm reduction, in turn, is considered a guideline (Article 2, item VIII), a specific goal (Article 4, item VI) and an action to be developed at RAPS care units (Article 6, items I, II and III).

### The meanings of the notion of abstinence

Upon identifying the theoretical models that guide the actions directed to the field of alcohol and other drugs, it is possible to connect the theoretical-conceptual dimension with the legal-political dimension. In our case, we will pay special attention to the connection between the concepts of harm reduction and abstinence. Based on the method of documental analysis carried out through the use of two documents, abstinence takes on three main meanings: (1) purpose of the treatment; (2) possibility of treatment; and (3) clinical condition.

The following themes were identified around the concept of abstinence: "abstinence as the sole objective of treatment, given the lack of other plans"; "criticism to the abstinence-only approach for users"; "abstinence as a goal that many users don't adhere to or that is incompatible with their lives"; "abstinence as the sole objective of treatment, associated with social representations of criminality and morality"; "abstinence as a limited perspective, given the several possibilities brought by Harm Reduction"; and "abstinence as a clinical condition triggered by the interruption of substance use"<sup>(16)</sup>.

In Ordinance No. 3088/2011, the word abstinence appears only once and has the following meaning: "abstinence as a clinical condition triggered by the interruption of substance use". It can be observed that the idea of abstinence is outdated in view of the focus given to the harm reduction approach in the two documents analyzed. On the other hand, it was observed that the term Harm Reduction was cited six times in Ordinance No. 3088/2011, an approach that has always been defended, while the term abstinence appears only once and is set as a clinical condition triggered by the interruption of substance use<sup>(9)</sup>.

Regarding the three main meanings associated with the notion of abstinence identified in these two documents, abstinence as the sole purpose of treatment is directly linked to the power relations established in the articulation between the criminalization of drug users, the establishment of confinement institutions and the moralist discourse. Thus, aspects such as justice, psychiatry and Christian morality converge to consolidate the model of abstinence. The State implements an anti-drugs policy and, in this context, tries to establish spaces of segregation that prevent drug use, that is, that are exclusively focused on abstinence from substance use<sup>(29)</sup>.

In line with this conception, we can highlight that, in our society, the division between licit and illicit drugs encourages troubled discourses and practices, as well as the association of drugs with the disciplinary powers of medicine and justice<sup>(14,30)</sup>. "The prohibitionist approach is supported by two fundamental premises: (1) the use of illicit drugs is dispensable and intrinsically harmful, therefore, it cannot be allowed; (2) the so-called war on drugs – based on the persecution and punishment of makers, sellers and users of illicit drugs – is considered the best form of combat"<sup>(31)</sup>. It can be observed that, according to the prohibitionist approach, regardless of the relationship established with illicit drugs, their use is completely denied. Following with this idea, the treatment plan for this issue is focused on abstinence as the only end goal, that is, the abstinence policy is part of the policy that combats licit and illicit drugs.

Abstinence as a possible form of treatment is included, in turn, in the harm reduction policy. In short, we have the following situation: the abstinence-only model excludes the harm reduction approach since it is part of the abstentionist ideal and is linked to the anti-drug policy; the harm reduction policy goes beyond the idea that focuses on abstinence but does not exclude this treatment possibility<sup>(16)</sup>. Therefore, strategies that reduce the potential harm related to the use of alcohol and other drugs can be created. Abstinence, in turn, can be a treatment possibility for a specific person within a specific context.

In the harm reduction approach, there is not necessarily the intention of eliminating the consumption of alcohol and other drugs from the person's life. The objective is to improve the user's biopsychosocial well-being, making the use of such substances less harmful<sup>(32)</sup> while searching for healthier ways of life<sup>(33)</sup>. However, completely subverting the idea of harm reduction, the term can also be used in the context of prohibitionist proposals that claim that abstinence, as the purpose of treatment, reduces the potential harm that could be caused to society<sup>(34)</sup>. In this sense, harm reduction is ruled out as a strategy to create new forms of treatment and health promotion and, in turn, ends up supporting the anti-drug policy<sup>(35)</sup>.

Prohibitionists attack the harm reduction policy by saying that it is a way of encouraging drug use<sup>(14)</sup>. However, as the name implies, harm reduction is based on the recognition that alcohol and other drugs have the potential to cause harm, thus constituting a policy and strategy that enables various forms of treatment<sup>(16)</sup>.

The therapeutic nature of harm reduction is directly related to practices provided in institutions such as the CAPS ad, and to behaviors established in certain situations. In this sense, we can highlight abstinence as a clinical condition called withdrawal syndrome,

which is characterized by physical and psychological changes specific to each drug, triggered by the sudden interruption of consumption after a certain period, and must be treated in the ward of a general hospital<sup>(36)</sup>. This approach is, therefore, very different from the anti-drug policy, which presupposes abstinence as the treatment goal. By managing withdrawal through controlled administration of opioids such as heroin and morphine, for example, duly prescribed and with medical supervision, it was possible to consolidate the harm reduction plan<sup>(37-38)</sup>.

Therefore, abstinence can be regarded as the purpose of the treatment (included in the anti-drug policy), as a possibility of treatment (included in harm reduction strategies) and as a clinical condition. In certain situations, the withdrawal syndrome puts in evidence the harm reduction plan and the need for articulation between the clinical and collective health perspectives<sup>(16)</sup>, pointing to a clinical approach focused on the concrete subject, the subject inserted in their context, which is called expanded clinic<sup>(39-40)</sup>. Often, these two fields suffer a split, making dialogue difficult and preventing effective actions. Joint work between these two fields is the main requirement to provide comprehensive health care.

## Discussion

The study of harm reduction policy, based on the correlation between the legal-political and theoretical-conceptual dimensions, allows us to recognize the theoretical and practical conflicts in the field of alcohol and other drugs, the contrasts between harm reduction and anti-drugs policies and the different meanings of the notion of abstinence. These aspects create a discursive tangle that makes dialogue difficult between professionals, users and family members. They also create therapeutic paradoxes<sup>(17)</sup> marked by the implementation of institutions with different and even conflicting plans such as the CAPS ad and the CT. While the CAPS is established as a territorialized service<sup>(2)</sup>, the CT is characterized as an institution of social segregation, guaranteed by legal and medical apparatuses linked to moral judgments<sup>(29,41)</sup>, with characteristics similar to prisons, mental institutions and religious cloisters<sup>(42)</sup>. This evident contradiction with the SUS guidelines points to a setback in the Anti-Asylum Movement: "these institutions offer a model of treatment that is contrary to the principles of the Psychiatric Reform, replicating some of the worst practices found in the asylum model by depriving people of social contact and committing systematic violations of rights"<sup>(43)</sup>.

The harm reduction policy<sup>(16)</sup> is reaffirmed by Ordinance No. 3088/11<sup>(9)</sup> as a strategic approach in the context of health care delivery, plus it identifies the

importance of network cooperation. However, the duplicity of concomitant policies (harm reduction and anti-drugs policies) and the lack of clarity regarding abstinence as a treatment possibility included in the harm reduction model contribute to the split between the clinical and collective health fields. These aspects of correlation between the legal-political and theoretical-conceptual dimensions reflect duplicities and ambiguities in service organization and team formation, that is, they are also present in the technical/care-related dimension.

Legal and theoretical apparatuses are of paramount importance for promoting advances in the field of public health and it is in this sense that harm reduction is inscribed, as a policy and strategy. However, a discrepancy in Ordinance No. 3.088/11<sup>(9)</sup> can be observed: the defense of the harm reduction policy goes hand in hand with the inclusion of the CT in the psychosocial care network. Thus, it is possible to expand this study, as the term *therapeutic community* (CT) is also included in this discursive tangle that, in its original meaning, points to a community vector<sup>(44)</sup> and, in the current context, there is an appropriation of the term<sup>(45)</sup> that now designates confinement institutions in which abstinence is the main goal.

## Conclusion

This research allowed us to identify in a clear and objective way the meanings of the concept of abstinence found in two guiding documents of the Brazilian healthcare field focused on alcohol and other drugs. Based on the analysis carried out, it can be noted that at no point is there an emphasis on abstinence as a policy, but only as one of the possibilities of therapeutic plan included in the harm reduction policy, and as a clinical condition resulting from a sudden interruption in the use of certain substances. Thus, the meanings given to the concept of abstinence are not in opposition to the harm reduction policy – they actually reaffirm it. Nevertheless, it is worth highlighting the possibility that this concept could be distorted and used to validate therapeutic plans focused on a prohibitionist approach, thus promoting the ambiguity that permeates the field of healthcare for users of alcohol and other drugs.

Through this study, it was possible to define the fields of comprehension and performance of the harm reduction approach, highlighting it as a therapeutic plan capable of delivering care for users in light of their family, community and social contexts, based on the precepts of the expanded clinic.

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