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RESEARCH

Redução de danos numa instituição militar de recuperação de dependentes químicos: desafios e possibilidades

Harm reduction in a military Institution of chemical dependent recovery

Reducción en los daños en una institución militar de recuperación de dependientes químicos: retos y posibilidades

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ABSTRACT

Objective: To bring to light some care practices carried out drug user and a military institution; broaden discussions about the importance of introducing harm reduction strategy that institution. **Method:** The methodological approach is a qualitative research. The study site was one Unit Military Hospital located in the South region of the State of Rio de Janeiro. **Results:** The difficulty of maintaining abstinence for longer periods is one of abandonment causes of treatment, reported by drug users in treatment in a military institution. **Conclusion:** The study demonstrated that the hegemony of models focused solely on maintaining abstinence, is still a reality in the military will assist drug users, due to the need of military preserving. **Descriptors:** Professional autonomy, Harm reduction, Military.

RESUMO

Objetivo: Descrever a implantação de práticas de redução de danos numa Organização militar e suas implicações na produção do cuidado de saúde nessa Instituição. **Método:** A abordagem metodológica é a de uma pesquisa qualitativa. O local de estudo foi uma Unidade Hospitalar Militar localizada na região Sul Fluminense do Estado do Rio de Janeiro. **Resultados:** A dificuldade da manutenção da abstinência por longos períodos é uma das causas de abandono do tratamento, referida por usuários de drogas em tratamento em uma Instituição militar. **Conclusão:** A pesquisa demonstrou que a hegemonia de modelos focados unicamente na manutenção da abstinência, ainda é uma realidade na assistência á militares usuários de drogas, devido à necessidade da preservação da carreira militar. **Descritores:** Autonomia profissional, Redução do dano, Militares.

RESUMEN

Objetivo: sacar a la luz algunas de las prácticas de atención realizadas consumidor de drogas y una institución militar; ampliar las discusiones acerca de la importancia de la introducción de la estrategia de reducción de daños que institución. **Método:** El enfoque metodológico es una investigación cualitativa. El sitio de estudio fue el Hospital Militar una Unidad ubicada en la región sur del Estado de Río de Janeiro. **Resultados:** La dificultad de mantener la abstinencia durante más tiempo es una de las causas de abandono del tratamiento, publicados por usuarios de drogas en tratamiento en una institución militar. **Conclusión:** El estudio demostró que la hegemonía de los modelos centrados únicamente en el mantenimiento de la abstinencia, es todavía una realidad en el ejército ayudará a los usuarios de drogas, debido a la necesidad de preservar militar. **Descritores:** Autonomia profesional, Reducción de daños, Militar.

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INTRODUCTION

The policies that deal with the phenomenon of drug abuse follow different explanatory models for the phenomenon in the screen, so may differ as to the philosophy of addressing the problem. Therefore, to broaden the discussions about the Act on health in the field of chemical dependency means the search of new looks for this disease.

Over the years, dismissed the approach of abusive use of alcohol and other drugs is done under a Biomedical Optics, inspired by models of other users, which aggravates prejudice, especially when the history of the subject is presented¹ crime-related.

The policy of the Ministry of health for Integral attention to users of alcohol and other drugs brings as a treatment perspective, which adopts an expanded conception of the problem. Practices that seek to minimize the risks associated with drug use, through educational activities, social support, distribution of inputs, in addition to prevention for the transmission of communicable diseases.²

We recognize that there are no standardized treatments and a therapeutic plan should take into account the wishes of the subject and the psychological, social and cultural aspects, not centering the problem in substance use.³ in this way, there will be numerous insights about a reality, which explains the different meanings assigned to our experienced problems.

The approach to the problem of drug abuse is still reductionist, fragmented and deterministic for not considering the triad : drugs, environment and individual, as factors related to the development of chemical dependency . Psychosocial and socio-cultural design already adopts this logic, so another care perspective, the logic of harm reduction.⁴

Moreover, the harm reduction approach is still obstacles to its effectiveness in some institutions, especially those that adopt the philosophy of maintaining abstinence as a model of treatment for drug addiction.⁵

1.1 THE PHILOSOPHY OF HARM REDUCTION POLICY

The Emergence of harm reduction occurred in the eighties, from the need for more pragmatic and adaptive strategies to reduce the risk of transmission of HIV in injection drug users, in order to get better replies related to the minimization of adverse effects related to drug use in the social field.²

Equity permeates the process of harm reduction policy, facilitating access to and the right to assistance according to the level of complexity. Thus, the activities in the territory, held by the communitarian agents of health or Damage reducers, means the guarantee of the health access to users who present a higher level of complexity such as users of crack⁶.

In this sense, the harm reduction involves pragmatic interventions with a view to the prevention of diseases. The damage reducers adopt practices aimed at the self-care of the heaviest drug users, like crack. Actions that include the distribution of plastic pipes to avoid injury in the mouth on the Tin and contamination risks of communicable diseases as hepatitis b.⁴

The legitimacy of the right of people with psychiatric disorders, which occurred from the psychiatric reform, brought new perspectives on the issue of drug use. Such values related to the production of subjectivity and admire the diversity of choices and ways to deal with the problems of everyday life.⁵

The objective of this study is to describe the implementation of harm-reduction practices in a military Organization and its implications in the production of health care in this institution.

METHOD

This is a descriptive study with a qualitative approach. This study brings part of the results obtained during the conduct of the professional master's in nursing care of Universidade Federal Fluminense, whose dissertation presented is entitled "attention to drug abuse in the light of schizoanalysis: a look at the production of health devices in a military organization of health". The subject of this research were users, with associated disorders to drug abuse, in an infirmary for treatment of compulsive situated on military institution and relatives of these users.

The data obtained from the semi-structured interviews carried out during the period from August 2011 until May 2012, and the records carried out in a field journal, during the period of November and December 2012. Used with discretion to exclude users whose hospitalization was performed compulsory form.

The field journal, from the perspective of Institutional Analysis regarded as an intervention tool that has the function to produce reflection movements that unite the research into practice.⁷

In this article, it was used as an instrument of data collection focus groups, conducted by the authors in 03 (three) meetings. Participated in these meetings, five professionals from nursing staff and six users. This activity consisted in reading texts that dealt on harm reduction as a strategy for the attention and subsequent debate on the subject.

After transcription of the talk and the Organization of the content, a reading of the empirical material floating and the separation lines. Later readings were held, in which the reflective themes emerged. In this process, we conduct the identification of core sense, thematic categorization, dividing the units of record in two categories, the first being

entitled: conflicts in seeking treatment and the second named: stigma and intolerance. Followed that up with presentation of the data and literature discussion.

From the ethical point of view, were carried out in accordance with the regulations contained in the resolution 196/96, the National Health Council, which sets the guidelines and regulatory norms for research involving humans. In those terms, the study was submitted to the approval of the Research Ethics Committee of the Faculty of Medicine/University Hospital Antônio Pedro in the CAAE 0414.0.258.000-11. To maintain confidentiality, healthcare professionals and users were identified by fictitious names, upon verbal authorization and signature on informed consent.

RESULTS AND DISCUSSION

4.1 Characterizations of population served

Because it is a military institution, we believe that even being the only reference hospital for drug addicts, in the framework of the ground force, the statistics below do not reflect the reality of the problems of chemical dependency in earth force. This fact is due to the difficulty of the military to assume as a chemical dependent, which prevents any strategy of prevention and harm reduction.

Table 1 - total number of hospitalizations (voluntary) in the infirmary of disorders associated with the misuse of drugs of Itatiaia Recovery Center. Itatiaia, 2004-2011

Year	n	%
2004	07	6.1
2005	03	2.6
2006	14	12.3
2007	21	18.4
2008	08	7.0
2009	15	13.2
2010	24	21.1
2011	22	19.3
Total	114	100.0

Source: Division of medicine-Itatiaia Recovery Center, 2012

In relation to the data presented in the table below, it can be observed that significantly increased the number of hospitalizations in recent years.

As for the age group, 43.9% of the total number of people registered features between 40 and 49 years of age, age characterized by great labor capacity.

Table 2- total number of hospitalizations in the infirmary of disorders associated with drug abuse recovery centre of Itatiaia, according to age group. Itatiaia, 2004-2011

Age group	n	%
10-19 years	01	0.9
20-29 years	17	14.9
30-39 years	29	25.4
40-49 years	50	43.9
50-59 years	13	11.4
60-69 years	03	2.6
More than 69 years	01	0.9
Total	114	100.0

Source: Division of medicine-Itatiaia Recovery Center, 2012

4.2 Difficulties for implementation of harm-reduction practices

During the study was possible to realize different forms of manage the user's motivation in rehabilitation in this institution. Especially as regards consumption control versus the pursuit of abstinence, key points of the work of the health professional who deals with drug users.

Some users interviewed stated that there is some resistance on the part of the team when they report that they are not feeling prepared for the maintenance of abstinence and seek only the control of drug use, with the focus on the reduction of associated disorders.

The lines presented pointed to the need for greater opening of dialogue on the problem of drug addiction in the various military organizations of all Brazil.

I have never worked with the school damage in reducing military Institution, however I believe that the prospect of this paradigm must be discussed and expanded to the institutions by enabling the assertion of choices that govern our lives. (Lotus Flower, technical Sergeant of nursing)

We must bear in mind that the same company "manufactures" the addiction tries to hide her, ignoring a problem that has taken sweeping proportions, destroying families, generating increasingly problematic, beings that can't at least form another family. The military denied the existence of problems like this in his troops, following the same trends of modern society. (Chrysanthemum, technical Sergeant of nursing)

There was an understanding on the part of the professionals who participated in the groups, that it is possible bring up issues related to the approach of harm reduction, from discussions and reflection in workshops with users;

Work new ways of dealing with the vulnerabilities presented it is possible, from the user's individualized diagnosis, considering its socio-cultural reality.

For the subject, recognized user and chemical-dependent means to feel ill and weak. Such understanding leads the user to postpone the understanding of suffering from chemical dependency.⁶

At Headquarters, the punishments have accumulated to such an extent that the hospitalization becomes the last exit to maintain discipline in the army. (Chrysanthemum, technical Sergeant of nursing)

The construction of spaces for dialogue and reflection was the main effect of the intervention. Diagnosed the main obstacles for the offering of harm-reduction programs in research institution, focusing on strategies to change entrenched paradigms.

In a few moments, I came to talk to them that hospitalization is a time of reflection, which can take advantage of, without the physical action of the drugs, to review some concepts, and go to the "plan B" of their lives, that each new day is shot and needs to be harnessed. Many go through several hospitalizations and cannot get rid of this ghost prowling. Get comfortable when in a safe place and assume no responsibility for their choices, so they become fully susceptible to face out there. That is why I advocate harm reduction. (Tulip, a psychologist with a background in educational psychology)

Start my opinion about drug abuse, remembering the times when users were treated along with the. I remember, for example, a doctor who prescribed rum or whiskey, in small doses, for the alcoholic, diluting gradually to avoid withdrawal, electroconvulsive therapy and other methods rather aggressive and archaic, also distinguished users, which in a more acute phase, were admitted to the "rest cure" not to be exposed in the media or well-born users, fleeing from the roof of the clinic in search of cocaine on the Hill. (Cacti, technical Sergeant of nursing)

Subjectivity production occurred at all times, both during the realization of the groups or in the staff meeting. The reflection on the approaches used in the actions brought greater involvement of health care professionals.

Regarding the effectiveness of the existing models, we had speeches that clarify understanding of harm reduction as the best strategy for combating the issues associated with the abuse of drugs.

Due to the regulatory function of the institution, the relapse can be perceived as weakness by the military. Another factor prevalent in this study was the legal and moral aspect, which determines the abstinence as a goal of treatment. Considered by some scholars, such reductionist model believes that all individuals must meet an expected standard of behavior guided by morals.¹ the imposition of this model of repressive assistance can generate resistance from some users and even abandonment of treatment.

In addition, the withdrawal shall be without prejudice to the autonomy of the users. Respect for the user who cannot get abstinence is essential for the chemical dependency counseling. Such a notion is part of the clinic's philosophy, which aims to take health as object, whereas the risk of the subject, aiming to produce health and expand the degree of autonomy of the people, always considering the complexity of health demands of the biopsychosocial person.²

The seizure of the motivation for the change facilitates the handling of the case and positively influences the interventions focused on harm reduction, bringing awareness to the user for their dependent condition and improvement of levels of self-care.³

The commitment to the possible, the flexibilization of practices, the promotion of autonomy of drug users and reducing distress, went to the actions carried out in this study by professionals who favored the chemical-dependent assistance, approaching such activities to the philosophy of harm reduction.

CONCLUSION

Reduce harm associated with the abuse of drugs is possible, simply by modifying reductionist paradigms in the treatment of drug addicts and permit a new funding that put the subject in stock focus of health, without trials Live is.

In addition, to avoid a repressive model of treatment goals based on a plot plan individualized therapeutic and preserve the autonomy of the subject is a viable possibility, even in closed institutions.

It becomes imperative to a paradigm shift, because when we adopt a larger view, allowing the combined efforts of various bodies improve the understanding of this phenomenon, as well as the best confronting the health-disease process.

We conclude that the Act on health must allow dialogue between the various related areas, including user participation as the protagonist, so that harm-reduction practices are effective.

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