HARM REDUCTION, WEAVING PLACES OF ACTION: PSYCHOLOGY AND PUBLIC POLICIES

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ABSTRACT

The relationship between Psychology and public policies in Brazil has evolved from welfare practices to the search for more inclusive and transformative models, especially in mental health. The insertion of Psychology in public spaces and its critical performance aim to promote an approach that integrates the subject and the social context, contributing to changes in care policies.

Keywords: Psychology in public policies. Mental health.

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PSYCHOLOGY IN PUBLIC POLICIES

Discussing the relationship between Psychology and public policies requires a brief review of the place and role occupied by Psychology in Brazil, where the demands historically produced express the answers given, whether theoretical, instrumental or practical. The proposal is not to reconstruct the paths taken by psychology as a science and profession, but to make it possible for the current relationship to be apprehended from the historical path, in addition to instigating the development of actions that make Psychology increasingly present and decisive in the elaboration and implementation of public policies.

Gonçalves (2010) says that the usefulness of Psychology was marked by different types of insertion in society, and to explain this, he identifies three moments of Psychology in Brazil: a) practices aimed at adaptation and adaptation, based on a naturalizing and normalizing theoretical framework, aiming to frame the subjects to the existing configurations; b) the construction of critical conceptions based on traditional knowledge, seeking an approximation with reality; c) attempts to break with traditional models in the conquest of alternatives that would guarantee the improvement of the quality of life of the subject and the population. The author's expositions allow us to highlight the crossing of models of action based on the control of the subject to the established social context for attempts to understand the subject inserted in his environment and the promotion of conditions to overcome limits and enable the development of potentialities, whether individual or social.

The insertion of the psychologist in institutions occurred in the nineteenth century, along with psychiatry. The medical model of care assumed a curative, assistentialist and individualizing emphasis (MENDES, 1994; MOCHEL, 2014). Psychology, based on the same paradigms, contributed with the references of adaptive normality of individuals, which was opposed to the pathological and deviant. This presence was consolidated in the twentieth century, with the entry into business spaces and insertion within education, where it revealed its condition of scientific knowledge, since it enabled the entry of practical and theoretical knowledge produced in the USA and Europe to Brazil (ANTUNES, 1999; GONÇALVES, 2010); In these spaces, the performance was also based on the disciplinary model. Psychology, in the opinion of Gonçalves (2010), assumed a commitment to strengthen welfare, pathologizing, curative, and individualizing policies.

Contrary to institutional practices was the individual clinical performance. The regulation of the profession in Brazil, through Law No. 4119, approved in 1962, established the clinical practice of psychotherapy, in the model of the liberal professional who works in

his private practice. Although this space granted the psychologist greater freedom of action and the possibility of approaching the real social demand, it was based on the same conceptions of adequacy, making the psychologist increasingly a "partner" of institutional services, distant from social issues and absent in public policies, since it affirmed his commitment to the dominant ideology and to the elites.

> To the extent that the intervention in other areas had as a guideline to correct deviant routes of individuals in their development and social insertion, a curative intervention was necessary, which would recover them to normality. Associated with hegemonic conceptions of valuing individualism, this perspective fed the practice of psychotherapy, which served two ideological axes: the curative and the scrutiny of intimacy (GONÇALVES, 2010, p. 88).

Analyzing the historical development, without the intention of simplifying the issue, it can be said that initially there was no place reserved for Psychology in public policies, but it was not completely absent; The place occupied by the psychologist was secondary, which made his practice only useful to subsidize other practices. Gonçalves (2010) points out as elements that contributed to this distancing the context of action, marked by impositions and conservatism of institutions and the universalizing, applicable and supposedly neutral theoretical conceptions produced about man. It is important to emphasize that, at the time, there were already divergent ideas that questioned the adaptive acting model, but these productions did not exercise supremacy (GONÇALVES, 2010).

In the 70s, there was an increase in the insertion of psychologists in public services in Brazil, with a significant part absorbed by the field of mental health. The entry of the psychology professional occurs at a time when the privatist-care model5 is at its apex, but also announcing its fall (DIMENSTEIN, 1998). Discontent with the services provided by Social Security triggered reformist movements in Brazil, in an attempt to change the precarious situation of health. In the field of mental health, the hospital-centered or asylum model was characterized by what Dimenstein (1998, p. 57) calls the "commodification of madness". The inefficiency in care and the negative effects resulting from prolonged hospitalization ignited criticism of the asylum model, and the flag of dehospitalization was raised.

The reformist movements were inspired by the mobilizations that took place in the United States and Europe, which sought to break with the current models and care transformations, through the establishment of care networks that replaced hospital centralization. The establishment of services that, in addition to effectiveness, had a lower social cost was also sought (DIMENSTEIN, 1998). Cerqueira (1984) points out that this

mobilization for the modification of care invited, in addition to the psychiatrist, the participation of other actors, such as psychologists.

It is important to emphasize that the entry of Psychology took place at a time of criticism of the asylum model, and the criticism also included the professional care provided by teams formed predominantly by physicians to the replacement by multiprofessional teams, with investment in professionals from other areas in order to materialize a new care model. It is in this moment of admission and discussion of the human subject constructed in integrality that psychology has the chance to conquer what Gonçalves (2010) calls "present presence" in public assistance policies.

The search for alternative models to the asylum was based on the recognition of autonomy, implication and emancipation of individuals, as analyzed by Gonçalves (2010), since the condition of having mental disorders did not subtract the condition of subject. This recognition crosses two elements not considered until then: the subjective and the social. As for the first, there was no place in the medical-psychiatric discourse for the subjectivity of the individual; generalist conceptions that disregarded the demand of the suffering subject predominated (MOCHEL, 2014). With regard to the second element, the understanding of health beyond its technicality filled the space occupied by the disease-cure dichotomy. Hence the need to discuss the integration of the social dimension, not as an external influence on the health-disease process, but rather health as an integral part of the social dimension (GONÇALVES, 2010).

In the social field, Psychology proved to be insufficient and unwanted, after all, how to admit that knowledge that serves the interests of the elites and dominant classes in the maintenance of an unjust and unequal reality could add to society? Gonçalves (2010) analyzes that the regulation of Psychology as a profession takes place in a context that favored a certain isolation of professionals in relation to social problems.

> Authoritarian regime, without spaces for public debates on social problems; absence of consistent social policies, a portion of psychologists, together with other intellectuals, began to discuss and criticize the general situation of the country and, more specifically, the situation of psychology and its place in the social (GONÇALVES, 2010, p. 91).

In this political situation, the soil was not conducive to the cultivation of a Psychology as an instrument of transformation for those who were involved in the task of building new actions. The type of science produced (neutrality, universalization and naturalization), the intervention (control and adequacy) and the submission to the contexts of practice, did not allow, in the perspective of Gonçalves (2010), an action that denounced oppression and social inequality. The emergence of Community Psychology, linked to practices in

community care centers, presented, from the perspective of Gonçalves (2010), the possibility of establishing contact with social demands.

In these gaps, Psychology approaches, participates and strives to add, and this meant the need to break with the old paradigms and assume a new posture in the face of social issues. Lane (1996) observes that more than a new place of action and problem-solving, the presence of psychology in social issues demanded advances in research, and, consequently, theoretical and practical advances. Thus, we see the second moment of psychology in Brazil, according to the propositions of Gonçalves (2010), being fulfilled: a psychology that does not adapt the subject to the environment, but that adapts to the social to understand the subject, based on the development of knowledge close to its reality.

The passage to the third moment, when Psychology establishes its commitment to social issues, is marked by the organization of the category, by investment in research to qualify and by the expansion of practice (GONÇALVES, 2010). Some events promoted in recent years by the Federal Council of Psychology (CFP) deserve to be highlighted, for their contribution to strengthening the dialogue between Psychology and public policies: the National Seminars on Psychology and Public Policies, which take place linked to the North-Northeast Congress of Psychology (CONPSI). With the published reports of the first five editions, we seek to make a succinct analysis of the progress in the debates.

In the I National Seminar on Psychology and Public Policies, held in 2001, the issues addressed were incipient, such as the historical construction of psychology; the reflection on the opening of space for action and practices in public policies; the lack of preparation resulting from academic training, which did not prepare the psychologist for the reality of public services; the deconstructions and constructions necessary for this practice; the psychologist as an instrument of social transformation, which for this required a new positioning, with new answers. In short, the discussions were more about the potentialities than consolidated realities in the public sector.

At the II National Seminar on Psychology and Public Policies, in 2003, talking about psychology in public policies became increasingly pertinent, because, among other things, it became a question of the future perspective of the profession, since the number of professionals grew and the public sector absorbed a significant amount. — Discussions about the social protagonism of psychology and the commitment to transformation were strengthened, which means the reflexivity that allows psychologists to recognize themselves as participants in a broad, diverse, unequal and cruel society in its inequalities, which calls the professional to recognize that his work must be offered to all those who demand attention, thus validating the construction and use of citizenship and social

development. The statements emphasized that investment in the social involves investment in the subject — a singular look that does not imply individualism and exclusion from the social.

The III Seminar, held in 2005, presented issues arising from experiences in the public sector, seeking to discuss not only what was practiced and known about psychology in public policies, but also about public policies in general. Among the topics addressed are: the construction of the psychologist's identity, considering the expansion of the area and the presence in the most varied fields; the need to articulate a corporate project to consolidate the profession in society; the dimension of relationship with the State was also the subject of discussions, since the development and strengthening of a profession needs to cross this relationship, but with a broader perspective, which is the struggle for social rights.

The IV Seminar, held in 2007, highlighted the creation of the Technical Reference Center in Psychology and Public Policies (CREPOP), which established a solid position of psychology in the public sphere, emphasizing the need to create references, in order to ensure ethical and competent performance. Questions about the need for psychology in the elaboration of policies for assistance to social rights and about the effectiveness of this commitment were present in the speeches, such as the statement of the lecturer Eliza Zanerato: "it is not enough to say only about the need for psychology to enter the field of public policies, but we need to say how we will do it, with what references" (FEDERAL COUNCIL OF PSYCHOLOGY, 2007, p. 71). Discussions about the conception of public policies have reappeared, as a general and specific theme of different areas: health, education, social assistance, security, among others, in their relationship with the rights of the citizen and the commitment of the public power to ensure them through the development of actions. The understanding of the subject of rights and care in its entirety, as well as the reflection on the need to expand the notion of individual clinic to the social conception, are among the discussions of the event.

The V Seminar, held in 2009, expanded the discussions held in previous seminars, increasingly defining the contours of this action. The round table coordinated by Rose da Rocha Mayer deserves to be highlighted, as it articulates four columns of this work: psychology, drugs, public policies and harm reduction. The lecturer emphasizes the importance of the articulation of the various social actors in the action that has drugs as a context

> [...] if I am from a city council, if I am in a health center, in a CAPS, if I am a harm reductionist, I will bet on the uniqueness, on the history of this person, I need to use interdisciplinarity and I have to keep in mind that I can promote health in any situation" (FEDERAL COUNCIL OF PSYCHOLOGY, 2011, p. 162).

As a result of this articulation, there are different forms of care that contemplate the subject who demands (or does not) help. For the lecturer, Harm Reduction can be understood from various points of view, but it is still a form of care that bets on the condition of subject.

> Some understanding harm reduction as a means to achieve abstinence and others understanding it as an exercise of right that has a dimension of pleasure that goes beyond the discussion of legality or illegality [...] To get out of the false duality of abstinence or harm reduction, it is necessary to see what the person's movement is, what they are interested in, how they understand care [...]. Between guilt and responsibility, let's stick to the combinations and we will recombine as many times as necessary. Between taking people as objects, as subjects, we will invest in relationships, and between equality and diversity, to see what is the uniqueness of this person, of this collective. (FEDERAL COUNCIL OF PSYCHOLOGY, 2011, p. 162-163).

Lecturer Mônica Gorgulho, also a member of the round table, addresses in her speech the role of the psychologist within the construction of public policies on drugs, in the promotion of strategies aimed at public health and in the appreciation of human rights, which subsidizes the first fundamental principle of the profession by stating that the psychologist will base his work on respect and the promotion of freedom, dignity, equality and integrity of the human being, throwing responsibility for a committed action in the context of drugs. From this perspective, Gogullho discusses four points for the psychologist to think about his presence in the formulation of public policies: the need for a deep knowledge of the subject before proposing to influence and work on the construction of a public policy; the recognition that an intervention model alone is not enough; the admission that those who work in public policy must be able to broaden their horizons; and the need to understand the problem in order to seek solutions.

If we considered each event that dialogues the interlocution between Psychology and Public Policies, the debate would be extensive and always allowing for new openings, as the discussion is expanded each time the space is granted. The objective of these highlights was to highlight the posture assumed by psychology when understanding its commitment to public policies, confirming that the demands that appear guide its construction as a science and profession. And what is the demand of this third and current moment? The consideration that public policies are not a neutral and merely technical field, but a political field that demands a critical presence of psychology (GONGALVES, 2010).

PSYCHOLOGY AND PUBLIC POLICIES ON DRUGS

In the previous discussions, the changes felt in public policies and the insertion of the psychologist in this field were addressed. It was found that the psychologist was not

reserved a place of relevance, but this is being conquered since the admission of his commitment to social demands. The proposal for this topic is to articulate the presence of the psychologist in public policies that assist the user of psychoactive substances, discussing the effects of expanding their space of action in the construction of anchor points that qualify their practice. Three axes were listed to guide the discussion: care models, users' rights and interdisciplinary practices, analyzed simultaneously.

For a long time, the only option for drug users was hospitalization in psychiatric hospitals or institutions with asylum characteristics that were based on the achievement of cure, reflecting, in the opinion of Tatarsky (2002), a view of drug consumption as a disease that needed to be eradicated. The logic of abstinence, by making the confrontation of the substance central, places the subject and his or her issues, whether emotional, social and/or economic, in a secondary position; and because it does not guide an action based on the demand brought by the subject, it imposes expectations and demands that make treatment abandonment probable.

Despite attempts to address the issue of drugs through another discourse, the model of total abstinence still exerts a great influence on the various paradigms of care. They are asylums, without walls, without bars, but with ideologies, reductionism and practices that imprison the subject, instead of developing his potential for autonomy and citizenship, suggests Dênis Petuco (CONSELHO REGIONAL DE PSICOLOGIA/SP, 2011). These are models of care that deny or ignore the complexity of the problem that has long been recognized.

Doneda (2009) argues that there have been few initiatives by psychology professionals to advance in the theorization and development of technologies and modes of treatment that consider the subjectivity of the individual who uses psychoactive substances. The taking of the lead in this field and the investments in initiatives for the prevention, promotion and treatment of drug users, based on the characterization of their historical, social and subjective context, are recent, emphasizing the search for understanding the relationship that is established between subject and substance.

In the Report of the National Seminar on Subjectivity of the Consumption of Alcohol and Other Drugs and Brazilian Public Policies, published by the Federal Council of Psychology (2010), Doneda states that subjectivity is the field of interest of psychology and that the rescue of the subject's autonomy would be the commitment of action. In the aforementioned seminar, Pedro Gabriel Delgado states that the psychologist's performance is guided by the issue of subjectivity, human rights and user participation. The ideas of Doneda and Delgado intersect on another point: the place that subjectivity occupies in

public policies and in care networks, and the consequences of disregarding this dimension, which would reproduce the criticized and rejected models that the current policies and service arrangements have come to replace. Doneda then raises the following question: "has our practice been inclusive? Or has it been exclusive, in the sense of contributing to the subject's distancing?" (FEDERAL COUNCIL OF PSYCHOLOGY, 2010, p. 59).

Doneda broadens the debate by questioning the psychologist's clinic. She is emphatic in saying that the discussion of the clinic belongs to Psychology and psychologists, not the clinic of the traditional model, which defends a treatment in the medical model of abstinence, says Mônica Gorgulho (CONSELHO FEDERAL DE PSICOLOGIA, 2010), but the clinic that refers to the subject, and this does not depend on the approach: preventive, intermediate or interventional. In Doneda's perspective, the confusion with the other actions and the loss of professional identity – in which the psychologist assumes the position of doctors, social workers, administrators – has left the clinic of subjectivity on the margins of practice. When this commitment is rescued, the discussion of the psychology clinic is in accordance with the proposal of harm reduction: the clinic that works on dependence to lead the subject to a state of independence (CONSELHO FEDERAL DE PSICOLOGIA, 2010).

Doneda's speech shows the clinic that is supported by speech and listening. In this relationship – listening to the word of the other and the word that demands help – lies the main specialty of psychology, the support of an action and the differentiation in a multidisciplinary context. For Macedo and Falcão (2005), the word opens up new possibilities for understanding human suffering; Listening is presented as an essential vector for identifying and analyzing the demand that is present in speech. Qualified, committed and contextualized listening implies listening to the subject in order to get to know him beyond the barriers established by drug use.

By removing the word from the use of the psychoactive substance and its implications, the psychologist seeks to give it to the subject so that he can talk about himself in the use of the drug, inviting him to take the lead in the process of constructing the treatment. This listening excludes vertical relationships, in which the professional knows and the subject accepts this knowledge. Velasco et al. (2013, p. 245) state that "the psychologist goes to meet the subject and, through successive meetings, builds the demand for work with him". When this practice is outlined, harm reduction, as a paradigm that gives voice and listens to the user, finds firm support in its articulation with psychology for the consolidation of a political clinic, as Doneda puts it (CONSELHO FEDERAL DE PSICOLOGIA, 2010). In the opinion of Totugui (2009, p. 148):

> In addition to being careful not to isolate the subject's desire, choices and thinking, and to distance ourselves from it, work in the light of harm reduction also implies that we bring him closer to his responsibility, both with regard to his treatment and with regard to the consequences of what he practices during use, either towards oneself or towards the other. Involving the subject in his choices means, above all, helping him to rescue the right to exercise his freedom, an essential requirement of the notion of citizenship, a right so protected in such a present past.

Although the psychologist acts from his core of knowledge, the experience of an interdisciplinary and multisectoral practice is indispensable for effecting an approach in the context of drugs; the psychosocial care network structures the consideration of subjectivity in the notion of integrality (CONSELHO FEDERAL DE PSICOLOGIA, 2013). It is important to emphasize that the openness to the participation of psychology in public policies on drugs was favored through the arrangement of devices that make up the care network and the valorization of the discourse of multidisciplinary action, allowing the psychologist the possibility of building a place of relevance.

For Totugui (2009), the construction of interdisciplinary attitudes and conducts is a systemic and integrated way of dealing with and surviving causes composed of very different aspects of nature. It is considered, then, that the provision of care in the field of drugs is consolidated when there is a conduct of sharing and receiving information that helps in the development of effective actions. The interdisciplinary attitude of professionals, in the author's perspective, is based on the desire and common search to transcend human suffering.

For Tatarsky (2002), the approach to the use of psychoactive substances should start from an integrative look and focus, which recognizes psychological, social and biological factors in their unique combination in the life of each subject. By considering the multiplicity of factors and recognizing their individual implications, paths can be developed that integrate strategies focused on each of these factors, presenting maximum possibilities of success. Thus, given the diversity of drug users, harm reduction interventions do not follow pre-defined scripts to which the user must adapt. The actions have different characteristics for each user, consolidating a practice directed from listening to the subject's demand.

This exercise relies on the use of devices, such as the Singular Therapeutic Project (PTS), often used in mental health and primary care strategies, and can be defined as a care tool that articulates a set of actions resulting from the discussion and collective construction of a multidisciplinary team and takes into account the needs, expectations, the beliefs and social context of the person or collective to which it is directed (BRASIL, 2007); it is recommended for more complex cases, considering the extent of the problems for the

subject, family and community; Its construction comprises the evaluation of the affected dimensions, whether biological, psychological and/or social. The proposal of the STP in the context of drug consumption is to detach the focus from the substance to the context in which the user is inserted, his individual history and his biological aspects. The PTS is not an exclusive tool of the psychologist; Its construction crosses the interdisciplinarity of views and integrality in care.

The psychologist's performance in the context of public policies on drugs is not characterized by isolation, with distanced practices, which do not make a reading of reality. In fact, discussing and working on subjectivity in the face of generalist policies is a challenge, but it is necessary to be clear when considering that the existence of parameters does not prevent the need for a structural analysis of the conditions that participate in the context-subject-substance relationship. With this reading, the elaboration of singular modes of intervention becomes more accessible.

Harm reduction as a policy and approach is in accordance with the aspects presented that consolidate effective actions in the field of drugs: it puts the substance aside to centralize the user, strives to build actions based on the sum of views and is based on respect for human rights, the foundation of the psychologist's practice. It offers, then, consistency to think about this performance, because if the current moment of psychology in public policies is the construction of alternatives that are interested in the quality of life of the subject and his surroundings, as Gonçalves (2010) attests, the "medical-psychological" conception no longer fulfills the psychologist's performance, if it ever did. In view of this, talking about the dialogue between Psychology and harm reduction is increasingly coherent, but being coherent does not imply its immediate acceptance, either by the services or by the professionals.

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