

## Psychosocial rehabilitation according to drug consumers' perspective

Sena, Edite Lago da Silva; Soares, Carine de Jesus; Ribeiro, Bárbara Santos; Santos, Patrícia Honório Silva; Carmo, Érica Assunção; Carvalho, Patricia Anjos Lima

Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

### Empfohlene Zitierung / Suggested Citation:

Sena, E. L. d. S., Soares, C. d. J., Ribeiro, B. S., Santos, P. H. S., Carmo, É. A., & Carvalho, P. A. L. (2017). Psychosocial rehabilitation according to drug consumers' perspective. *Revista de Pesquisa: Cuidado é Fundamental Online*, 9(2), 520-525. <https://doi.org/10.9789/2175-5361.2017.v9i2.520-525>

### Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

### Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more information see: <https://creativecommons.org/licenses/by-nc/4.0>

## Reabilitação psicossocial segundo a perspectiva de consumidores de drogas

Psychosocial rehabilitation according to drug consumers' perspective

La rehabilitación psicossocial según la perspectiva de los consumidores de drogas

*Edite Lago da Silva Sena<sup>1</sup>; Carine de Jesus Soares<sup>2</sup>; Bárbara Santos Ribeiro<sup>3</sup>; Patrícia Honório Silva Santos<sup>4</sup>; Érica Assunção Carmo<sup>5</sup>; Patricia Anjos Lima Carvalho<sup>6</sup>*

### How to quote this article:

Sena ELS; Soares CJ; Ribeiro BS; et al. Psychosocial rehabilitation according to drug consumers' perspective. Rev Fund Care Online. 2017 abr/jun; 9(2):520-525. DOI: <http://dx.doi.org/10.9789/2175-5361.2017.v9i2.520-525>

### ABSTRACT

**Objective:** To reveal the perception on psychosocial rehabilitation by users from a Psychosocial Care Center for Alcohol and other Drugs. **Method:** This is a phenomenological study, based on Maurice Merleau-Ponty's approach, developed with nine members of a Caps ad from a municipality of Bahia. The experiential descriptions were produced by the Focus Group technique in the Caps ad and later, for clarity, submitted to the technique of Analytical Ambiguity. The study was approved by the Research Ethics Committee, under protocol No. 111/2011. **Results:** It was evident that drug users recognize psychosocial rehabilitation as a relevant strategy for the process of social reintegration. **Conclusion:** This strategy should be valued by health professionals keeping in mind the enhancing the esteem and the potential of drug users.

**Descriptors:** Mental health, Health Services, Illicit drugs.

<sup>1</sup> Nurse, PhD Professor, Graduate/Postgraduate Program in Nursing and Health, Universidade Estadual do Sudoeste da Bahia/PPGES/UESB. Department of Health. Jequié/BA, Brazil.

<sup>2</sup> Nurse by the Universidade Estadual do Sudoeste da Bahia (UESB) — Vitória da Conquista/BA, Brazil. Masters student in the Postgraduate Program in Nursing and Health of the Universidade Estadual do Sudoeste da Bahia (UESB) — Vitória da Conquista/BA, Brazil.

<sup>3</sup> Nurse by the Universidade Estadual do Sudoeste da Bahia (UESB) — Vitória da Conquista/BA, Brazil. Masters student in the Postgraduate Program in Nursing and Health of the Universidade Estadual do Sudoeste da Bahia (UESB) — Vitória da Conquista/BA, Brazil.

<sup>4</sup> Nurse by the Universidade Estadual do Sudoeste da Bahia (UESB) — Vitória da Conquista/BA, Brazil. Masters student in the Postgraduate Program in Nursing and Health of the Universidade Estadual do Sudoeste da Bahia (UESB) — Vitória da Conquista/BA, Brazil.

<sup>5</sup> Nurse by the Universidade Estadual do Sudoeste da Bahia (UESB) — Vitória da Conquista/BA, Brazil. Masters student in the Postgraduate Program in Nursing and Health of the Universidade Estadual do Sudoeste da Bahia (UESB) — Vitória da Conquista/BA, Brazil.

<sup>6</sup> Nurse by the Universidade Estadual do Sudoeste da Bahia (UESB) — Vitória da Conquista/BA, Brazil. PhD student in the Postgraduate Program in Nursing and Health of the Universidade Estadual do Sudoeste da Bahia (UESB) — Vitória da Conquista/BA, Brazil. Assistant Professor of the UESB's Health Department, Jequié, Bahia, Brazil. E-mail: [patricia.anjos3@gmail.com](mailto:patricia.anjos3@gmail.com).

## RESUMO

**Objetivo:** Desvelar a percepção de usuários de um Centro de Atenção Psicossocial Álcool e outras Drogas sobre a reabilitação psicossocial.

**Métodos:** Trata-se de um estudo fenomenológico, fundamentado na abordagem de Maurice Merleau-Ponty, desenvolvido com nove usuários de um Caps ad de um município do interior da Bahia. As descrições vivenciais foram produzidas por meio da técnica de Grupo Focal, no próprio Caps ad e posteriormente, para compreensão, submetidas à técnica Analítica da Ambigüidade. O estudo foi aprovado pelo Comitê de Ética em Pesquisa, sob o protocolo nº 111/2011. **Resultados:** Evidenciou-se que os consumidores de drogas reconhecem a reabilitação psicossocial como estratégia relevante para o processo de reinserção social. **Conclusão:** Essa estratégia deve ser valorizada pelos profissionais de saúde com vista à valorização e as potencialidades do consumidor de drogas

**Descritores:** Saúde mental, Serviços de saúde, Drogas ilícitas.

## RESUMEN

**Objetivo:** Para revelar la percepción de los usuarios de un Centro de Atención Psicossocial alcohol y otras drogas en la rehabilitación psicossocial. **Métodos:** Se trata de un estudio fenomenológico, basado en el enfoque de Maurice Merleau-Ponty, desarrollado con nueve miembros de un anuncio de un Caps Bahia dentro del municipio. Las descripciones experimentales fueron producidos por la técnica de grupo focal en sí mismo CAPS ad y más tarde a la comprensión presentado la técnica analítica de ambigüedad. El estudio fue aprobado por el Comité Ético de Investigación, con el número de protocolo nº 111/2011. **Resultados:** Era evidente que los consumidores de drogas reconocen la rehabilitación psicossocial como una estrategia relevante para el proceso de reintegración social. **Conclusión:** Esta estrategia debe ser valorado por los profesionales de la salud para la recuperación y el potencial de los consumidores de drogas.

**Descritores:** Salud mental, Los servicios de salud, drogas ilícitas.

## INTRODUCTION

The principles of the Brazilian Psychiatric Reform were consolidated by the Law 10.216/01, which establishes the extinction of asylums, disposes on the rights of people with mental distress, including those experiencing drug use, and redirect the organization of care services to these people and their families.<sup>1</sup>

In this regard, Law 10,216, which guides the actions in the field of mental health, should be directed to the promotion of citizenship through social reintegration of a person with psychological distress, having as a baseline the care on the domain of their territory.<sup>2</sup>

This paradigm shift culminated in the creation of Centers for Psychosocial Care (CAPS), regulated by Ordinance No. 336 of February 19, 2002.<sup>3</sup> Its goal is to overcome the hospitalization needs of the psychiatric hospital, with the proposal to care for people with mental suffering, so they can maintain a satisfactory level of coexistence and interaction in the social context.<sup>4</sup>

At the technical assistance field, the CAPS are configured as spaces of sociability and production of subjectivities; strategy to establish new social relations, relevant to the

psychosocial rehabilitation process of the user of this health service, proposing actions and activities in order to reintegrate the social web of people with psychological distress.<sup>5</sup>

In this context, lies a specialized service for the care of people with mental suffering resulting from the consumption of alcohol and other drugs - the Psychosocial Care Center for Alcohol and other Drugs (CAPS ad), which constitutes the main strategy recommended by the Ministry of health (MOH) to promote interdisciplinary and comprehensive work, and is responsible for coordination with different social sectors. It is worth noting that their actions are driven by the logic of Harm Reduction through the perspective of acting on the uniqueness and autonomy of each person in order to contribute to the psychosocial rehabilitation.<sup>6</sup>

According to the World Health Organization (WHO), psychosocial rehabilitation consists of a set of actions that expand the range of opportunities for the person, minimizing the damage caused by chronicity of the disease, through the careful development of assistance practices oriented towards the person, their family and the community.<sup>7</sup>

Thus, psychosocial rehabilitation is configured as the main focus of alternative services, in order to expand the social network, which requires the involvement of health professionals, as well as other social actors involved in the health-disease process.<sup>8</sup> Thus, this component should be seen as a key part of the actions undertaken in the field of mental health in order to contribute to the planning and implementation of work in CAPS.<sup>9</sup>

It is in this perspective that the discussion of psychosocial rehabilitation comes in, including towards drug users, in order to support the planning of effective actions in the field of mental health through involvement with various social arrangements, to ensure to that public the rescue of their citizenship and their role of social subjects.

Thus, the study came from the following question: what is the perception of users of a Psychosocial Care Center for Alcohol and Drugs on psychosocial rehabilitation? To answer the question, this has been defined as the objective of the study: revealing the perception of users of a Psychosocial Care Center for Alcohol and Drugs on psychosocial rehabilitation.

## METHOD

This is a phenomenological study, based on the approach of Maurice Merleau-Ponty, regarding perception. From the perspective of this author, perception consists of a dynamic experience that always escapes the objectivity, and so, it is concerned with describing the essence of the human being through dialogue and inter-subjective experience.<sup>10</sup>

The setting of the research was the CAPS ad located in a city in the interior of Bahia, the only public service in the field of mental health in the municipality that develops specific assistance to drug users. So it configured as ideal for the construction of the research.

The participants were nine users of the service. The inclusion criteria in the selection of the participants were the following: showing willingness to participate in the meetings of the Focus Group (FG), and authorizing their own participation by signing the Free and Informed Consent Term (TCLE).

Obtaining experiential descriptions occurred through FG, which consists of a technique that promotes dialogue between participants of the study and the researcher, from specific topics and directives on the subject matter. Through discourse and group interaction, FG favors the production of information that reverberates the multiplicities of speech, which could not happen using another technique, given its potential to build meanings, experiences and personal feelings.<sup>11</sup> Thus, the FG consists of a technique that favors intersubjectivity and is compatible with the philosophical framework used in the study.

The production of information occurred in the second half of the year 2013, through two FG meetings, each lasting one hour and thirty minutes, held in the auditorium of the CAPS ad. The meetings were guided by the following theme: talk about what your understanding of psychosocial rehabilitation is.

With the consent of the participants, the speeches of the two meetings were recorded on digital equipment and, in order to preserve anonymity, they were identified by codenames of feelings related to family life: hope, anger, love, happiness, distrust, defeats, harmony, joy, peace.

The experiential descriptions were submitted to the technique of Analytical Ambiguity<sup>12</sup> which is based on the intersubjectivity theory of the philosopher Maurice Merleau-Ponty.<sup>10</sup> This technique is based on the understanding that perception operates in a phenomenal field in which we are inserted and that our experiences are always dynamic and express ambiguities; perception is presented as an ambiguous experience that can be understood only from the viewpoint of those who live it.<sup>12</sup>

The operationalization of the Analytical Ambiguity technique in this study occurred with the following steps: transcription and organization of words in the form of texts; conducting detailed readings of the material, allowing phenomena to emerge in its own, that is, the researcher shares his perceptual experience while reading and this is recognized as intercorporeal generality.<sup>12</sup>

It is noteworthy that all the guidelines of the National Council of Health No. 466, of December 12, 2012<sup>13</sup>, which regulates research with human beings, were taken into account. The research project was submitted to the Ethics Committee of the State University of Bahia (UESB), and only after their approval under the Protocol No. 111/2011 was the production of information started.

## RESULTS AND DISCUSSION

The first FG meeting was attended by the nine users of CAPS ad, seven men and two women. The second meeting was attended by only seven participants. From the answer to the research question “What is the perception of users of a Psychosocial Care Center for Alcohol and Drugs on psychosocial rehabilitation,” based on the Analytical Ambiguity, the following thematic axis was unveiled: rehabilitate to (re)integrate and (re)integrate to rehabilitate.

### Rehabilitate to (re)integrate and (re)integrate to rehabilitate

The speeches of the participants of the study demonstrated the thesis that they are outside of society and inserted into “another world”, in which there is no prestige and they face feelings of humiliation, inferiority and submission. The “drug world” is regarded by them as the “world” of those without knowledge, without citizenship and value, as shown in the following description:

*“I have hopes of living with others and joining society. Of being around the most knowledgeable people, just like I was. I left them and now I am returning to them.” (Hope)*

*“[...] It’s useful, out there in society, to have respect, to have pride, to open our mouths and to speak out, not to be silent, because when we develop a certain kind of addiction we have no respect for ourselves nor do the others have it for us. So, we who are rehabilitating ourselves have the pride to reach out and talk to someone about what is wrong and what is not.” (Suspicion)*

*“[...] Here (CAPS ad) there is only joy, when I get out it’s another world, it is different; out there there are drugs, there is all that’s good and bad for me.” (Happiness)*

The descriptions show that the full exercise of citizenship becomes the key point of psychosocial rehabilitation. Therefore, it is necessary that the variables that operate against or operate in favor of contracts at home, at work and on the social network, are cooperating in its execution; everything that is against it, is against the psychosocial rehabilitation, since it is a complex and dynamic process.<sup>14</sup> Thus, psychosocial rehabilitation would be a way of operationalizing the production of citizenship.<sup>15</sup>

Still in this light, psychosocial rehabilitation is configured as a set of strategies aimed at increasing the possibilities of exchanges, the valuation of subjectivities and promoting contracts and solidarity, which goes beyond the mere implementation of assistance networks.<sup>16</sup> Hence, it consists of a tool of acquisition or recovery of important skills for social reintegration.<sup>15</sup>

In the descriptions of the users we realized that they reproduce the same thesis present in the social imaginary of two different worlds, “the world of drugs” and the world without drugs. Even this thesis has been supported by the scientific community in mental health and public policies aimed at drug use, presenting the argument that the user must go through a rehabilitation process to be (re)inserted in society, that is, the very term “social reintegration” presupposes that the person is outside society.

The public policies for people with needs arising from the use of crack, alcohol and other drugs incorporate in its objectives the idea of (re)integration through access to employment, income and supportive housing.<sup>17</sup> Still in this perspective, we noted that among the challenges of the Brazilian Psychiatric Reform is their access to the labor market, as the contemporary capitalist production model excludes people considered unfit and/or unproductive in the market.<sup>18</sup>

Although the proposals contained in mental health policies appear to be a stimulus to the creation of links and social inclusion, we realized that they reinforce the view of social exclusion, since they believe in the need of drug users being able to then be (re)inserted into social life, which means understanding the person in the condition of a drug user as not forming part of the social body.

The Merleau-pontyan thought is opposed to the idea of human beings in the condition of “creatures”, who look at the world, to things and their kin, as one looks from the outside, since we all are in the world and, therefore, are intertwined within it. Hence, the thesis of the “drug world” as a specific locus of users implies an external look towards the other, and this has a very costly result to the user’s life, which is the stigma and social exclusion.

Thus, we notice that the main challenge in the mental health field is the (re)integration of people in psychological distress into the public and the community life, so that their uniqueness can be expressed.<sup>18</sup>

The reintegration of drug users into society must be based on the principle that social exclusion exacerbates the person’s condition of psychological distress, leaving to substitute services and to psychiatric hospitals to undertake (re)integration of people in mental distress to family life and community, giving them the right to citizenship.<sup>19</sup>

Another thesis that also emerged from the speeches is that drug users are “labeled” people and, through psychosocial rehabilitation, Caps ad professionals, along with society, the trust and respect of society could be restored, as we see in the following speech:

*“For me the rehabilitation at the moment is to use the service offered by Caps and to be given a new opportunity in the labor market and by society as whole, to forget what we did wrong in the past. In a nutshell, society gives a new chance for users of chemicals, because we are very labeled,*

*even when we’re away from that addiction, a brand always remains and there is always a distrust.” (Fury)*

It is important to note that drug users find themselves outside of society, “the other world” where “there is all that’s good and bad,” where you do what is “wrong.” This configuration of the Caps ad user imaginary and even health professionals, portrays the socio-cultural universe of people in general, marked by prejudice and stigma in relation to what’s different.

Paradoxically, the study participants attribute to society the responsibility to break with the thesis that there are two incommunicable worlds (the world of society in general versus the world of drugs), and overcome the stigma attached to drug users who are seeking rehabilitation. In our opinion this thesis hinders social support, as well as the unfolding of the rehabilitation process.

We realize that some users are unaware of the proposed treatment from Caps ad, which is based on the Comprehensive Care Policy to alcohol and other drugs’ users.<sup>20</sup> The statements reveal that users understand that the Caps ad must provide “full treatment” so there can be (re)integration. Under the figure-ground perception, the hospitalization in the service would be able to offer this tool of “full treatment”.

*“To get out of here with the full treatment [...]” (Suspicion)*

*“There are people who say: where are you? The people said: tell them you’re working! On the first day I did, then I said: no, I will not lie! Why should I? I was never like that. And today I say: I’m hospitalized.” (Defeat)*

In perspective of the substitute institutionalization model, abstinence can not be, thus, the only objective to be achieved. It must take into account the uniqueness of each person, with different possibilities and choices. It is precisely on this perspective that the Harm Reduction Policy (HR) bases itself. This strategy appears as one more way of decentralizing the focus of eradicating drugs, favoring the right to autonomy of each person and respect the freedom of those who do not want or can not stop using them.<sup>21</sup>

Only in 2003 did the Ministry of Health issue a Specific National Policy on Alcohol and Drugs, taking on the challenge of preventing, treating and rehabilitating users, according to the Law Paulo Delgado, No. 10,216/01, the legal framework of the Brazilian Psychiatric Reform.<sup>22</sup> Thus, the Caps ad appears as the main treatment strategy in the health of drug users, and operates under the logic of the policy of HR.<sup>23</sup>

Although it is still in its infancy, some study participants demonstrated understand the logic of treatment in Caps ad, recognizing that using this health service can reduce the damage caused by drug use.

*“Were it not for the Caps I think my father and my mother would not let me even leave the house, because here is a refuge. I can't say that I will get rid of it completely, because one has to have willpower, but we can improve 50%, for sure.” (Fury)*

*“Sometimes here, we come in the morning and leave in the afternoon, so if I usually drink 10 or 20 cachaças during the day, here I would drink 1 or 2, because during the day I'm here, and here drinking is not allowed.” (Defeat)*

*“Inside I'm guarded, out there if I took 50 here I'd take 25, there is reduction out there, but sometimes this reduction does not reach me.” (Fury)*

It is worth mentioning that rehabilitation is seen by drug users as the possibility of starting the construction of life projects, with a strategy of encouraging users as shown in the following speech:

*“When I leave here I want to return to society with my head high, get to work and build a new life.” (Happiness)*

Keeping in mind Caps ad's perspective of acting to direct the model of mental healthcare of drug users and to promote equity and opportunity to build and carry out life projects, it is important that professionals who are active in this area be trained and know how to work in network, linking up with other sectors and services to meet the demands of users.

Thus, we realized that psychosocial rehabilitation is seen as a motto triggering this new logic of care in the mental health field, favoring actions that contribute to the rise of the aspirations, wishes and preferences of users and families, respecting their subjectivities, as well as the appreciation of the co-participation and co-responsibility.<sup>5</sup>

Therefore, interventions based in the psychosocial rehabilitation process operate as an inchoate therapeutic arrangement, which requires the constant dialogue between the various care devices as to be engaged with the production of new territories. It is through social variables such as community solidarity, of friendship, of meeting territories, wandering spaces, networks of influence, camaraderie and other forms of mutual aid that constitute the living matter of rehabilitation are established.<sup>2</sup>

## CONCLUSIONS

Intersubjective discussion led us to uncover meanings about drug users' perspectives on psychosocial rehabilitation. It was noted that there is a constant search for (re)integration, since it is constituted as personal development of the individual, which leads to dignity, the value and potential and the exercise of their rights as citizens.

In this perspective, it is necessary that CAPS ad professionals act in order to meet the singularities of each user, requiring the recognition of subjectivity and symbolic dimension of the individual.

It is worth noting that psychosocial rehabilitation is polysemic and requires that the psychosocial care network be well structured and coordinated in order to promote actions aimed at the realization of this component. Moreover, we note that this strategy is possible only if society understands the paradigm shift offered to people with mental suffering, as exclusionary thinking is still present in the social imaginary.

Therefore, health education appears as a relevant tool to sensitize society about the new care practices in the mental health field. So we hope that this study will contribute to the consolidation of the Psychosocial Care Network towards alcohol and other drugs' users, as proposed by the Ministry of Health.

## REFERENCES

1. Ministério da Saúde (BR). Portaria nº 3.088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde. Brasília; 2001. [Acesso em: 3 de março de 2016]. Disponível em: <[http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088\\_23\\_12\\_2011\\_rep.html](http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html)>.
2. Caldas AA, Nobre JCA. Saúde mental e reforma psiquiátrica brasileira: reflexões acerca da cidadania dos portadores de transtornos mentais. Cadernos UniFOA. Edição nº 20, dezembro, 2012.
3. Ministério da Saúde (BR). Portaria/GM nº 336 - De 19 de fevereiro de 2002. Define e estabelece diretrizes para o funcionamento dos Centros de Atenção Psicossocial. Estes serviços passam a ser categorizados por porte e clientela, recebendo as denominações de CAPS I, CAPS II, CAPS III, CAPSi e CAPSad. Documento fundamental para gestores e trabalhadores em saúde mental. Brasília, 2002.
4. Martinhago F, Oliveira WF. A prática profissional nos Centros de Atenção Psicossocial II (CAPS II), na perspectiva dos profissionais de saúde mental de Santa Catarina. Saúde em Debate; Rio de Janeiro, 2012 out/dez; 36 (95): p. 583-94.
5. Azevedo DM, Miranda FAN. Oficinas terapêuticas como instrumento de reabilitação psicossocial: percepção de familiares. Esc Anna Nery; Rio de Janeiro, 2011 abr/jun; 15 (2): 339-45.
6. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Área Técnica de Saúde Mental, Álcool e outras Drogas. Brasília/DF, 2010. [Acesso em: 03 de março de 2016]. Disponível em: <[http://bvsms.saude.gov.br/bvs/folder/departamento\\_acoes\\_programaticas\\_estrategicas\\_dapes.pdf](http://bvsms.saude.gov.br/bvs/folder/departamento_acoes_programaticas_estrategicas_dapes.pdf)>.
7. Organização Mundial da Saúde (OMS). Relatório sobre a saúde no mundo: Saúde mental: nova concepção, nova esperança. 2001.
8. Saraceno B. Libertando identidades: da reabilitação psicossocial à cidadania possível. Belo Horizonte/Rio de Janeiro. Te Corá Editora/ Instituto Franco Basaglia, 2001.
9. Amorim MF, Otani MAP. Psychosocial rehabilitation in Psychosocial Care Centers: an integrative review. SMAD, Rev Eletrônica Saúde Mental Álcool Drog; Ribeirão Preto. 2015 set, 11(3): 168-77.
10. Merleau-Ponty M. Fenomenologia da percepção. Tradução: Carlos Alberto Moura. 3. ed. São Paulo: Martins Fontes, 2011.
11. Smeha LN. Aspectos epistemológicos subjacentes à escolha da técnica do grupo focal na pesquisa qualitativa. Rev de Psicologia da IMED; 2009, 1(2): 260-68.
12. Sena ELS, et al. Analítica da ambiguidade: estratégia metódica para a pesquisa fenomenológica em saúde. Rev Gaúcha Enferm; 2010; 31(4): 769-75.
13. Ministério da Saúde (BR). Conselho nacional de Saúde (CNS). Resolução N° 466 de dezembro de 2012. Dispõe sobre Diretrizes e Normas Regulamentadoras de seres humanos. Brasília, 2012.
14. Saraceno B. Reabilitação Psicossocial no Brasil. Editora Hucitec, 3ª Ed. São Paulo, 2010.
15. Pinto ATM, Ferreira AAL. Problematizando a reforma psiquiátrica brasileira: a genealogia da reabilitação psicossocial. Psicol. estud. Maringá. 2010 Jan/Mar 15(1): 27-34.
16. Pereira MAO. A reabilitação psicossocial no atendimento em saúde mental: estratégias em construção. Rev Latino-am Enfermagem; São Paulo, 2007 jul/agos, 15(4).
17. Ministério da Saúde (BR). Portaria nº 3.088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde. Brasília, 2011.
18. Rodrigues RC, Marinho, TPC, Amorim P. Reforma psiquiátrica e inclusão social pelo trabalho. Ciên. Saúde Coletiva; 2010, 15 (Supl.1): 1615-25.
19. Passos, FP, Aires S. Reinserção social de portadores desofrimento psíquico: o olhar de usuários de um Centro de Atenção Psicossocial. Physis. Rio de Janeiro; 2013, 23(1): 13-31.
20. Ministério da Saúde (BR). Secretaria Executiva. Coordenação Nacional de DST/Aids. A Política do Ministério da Saúde para atenção integral a usuários de álcool e outras drogas. Brasília: Série B. Textos Básicos de Saúde, p. 60, 2003.
21. Machado LV, Boarini ML. Políticas sobre drogas no Brasil: a estratégia de redução de danos. Psicol. Cienc. Prof. Brasília; 2013, 33 (3): 580-95.
22. Ministério da Saúde (BR). Lei no 10.216, de 6 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. Brasília, 2001. [Acesso em: 03 de março de 2016]. Disponível em: <[http://www.planalto.gov.br/ccivil\\_03/leis/LEIS\\_2001/L10216.htm](http://www.planalto.gov.br/ccivil_03/leis/LEIS_2001/L10216.htm)>.
23. Pinho PH, Oliveira MA, Almeida MM. A reabilitação psicossocial na atenção aos transtornos associados ao consumo de álcool e outras drogas: uma estratégia possível? Rev. Psiq. Clín; 2008, 35 (supl 1): 82-8.
24. Gruska V, Dimenstein M. Reabilitação psicossocial e acompanhamento terapêutico: equacionando a reinserção em saúde mental. Psicol Clin. Rio de Janeiro, 2015 jan/jul, 27(1): 101-22.

Received on: 07/03/2016

Reviews required: 24/05/2016

Approved on: 10/10/2016

Published on: 10/04/2017

### Author responsible for correspondence:

Carine de Jesus Soares

Rua Francisco Paulo Gomes, No. 45

Mandacarú, Jequié/BA

Tel: (73) 98832-5330

E-mail: carineesoares@hotmail.com

ZIP-code: 45207-310