

## CARE DELIVERY TO PEOPLE WITH ALCOHOL AND OTHER DRUG-RELATED DISORDERS: REFLECTIONS ABOUT THE PSYCHOSOCIAL AREA



Historically, care delivery to people with alcohol and other drug-related disorders has been linked with psychiatric care centered on the hospital-centered model and marked by the violation of human rights and the bad quality of care<sup>(1)</sup>.

The last decade of the 20<sup>th</sup> century and the first decade of the 21<sup>st</sup> century witnessed the start of significant changes in the psychiatric care context in Brazil and, consequently, in care delivery to people with alcohol and other drug-related problems, which are mostly due to the legal and political theoretical-conceptual framework that was and is being constructed.

The declaration of Caracas, from 1990, law 224, which regulated the implementation of Psychosocial Nuclei/Care Centers (NAPS/CAPS) in 1992, the enactment of law 10.216 from 2001, which set the stamp on the changes occurred in the 1990's and law 336 from 2002, which redefined the Psychosocial Care Centers (CAPS) created in 1992<sup>(1)</sup>, constitute important landmarks that need to be considered when one intends to reflect on care delivery to people with alcohol and other drug-related problems in the psychosocial area.

All of these laws and recommendations significantly contributed to the paradigm change in care delivery to people with alcohol and other drug-related problems. Law 336/2002 represents an important mark for addiction care in Brazil. In view of the implementation all over the Brazilian territory of the Psychosocial Care Centers alcohol and drugs (CAPS ad), that law not only legitimizes the role of the state in care for these clients, through the policies of the Ministry of Health<sup>(2)</sup>, but also determines new modes of conceiving care and its objects, establishing this service as a central device of the psychosocial care network.

Nevertheless, the psychosocial care network for people with alcohol and other drug-related problems comprises various devices of the primary health care network, general hospitals, emergency and specialized services, and the psychosocial area can and should be the marker of care in all of these spaces. I believe that the CAPS ad constitutes the main scenario for the implementation of these practices, and this perspective will guide my reflections about care, as it is in the definition of these services that nursing and the nurses legally start to formally integrate the minimal care teams for this population.

Despite believing that the reflections presented here apply to any professional involved in psychosocial care, as we are all outlining a recent process in which we continue accomplishing our technical responsibilities in the specific nucleus of each profession, but with another focus, new contents and interactions, and considering that it is in the context of the CAPS ad that the nurses find the most fertile ground for care delivery within this perspective, these professionals and their psychosocial care practices will be emphasized.

In that sense, it should be considered that, despite the public intervention and the creation of the care network that legitimizes and privileges psychosocial care for people with alcohol and other drug-related disorders, these actions by themselves do not guarantee the transformation of the *modus operandi* with these clients. From that perspective, a new meaning needs to be attributed to the care context, and the excluding asylum order needs to be deconstructed, which necessarily involves a radical contestation of our relation with the so-called 'mad', in this case the users of alcohol and other drugs<sup>(3)</sup>.

Therefore, the nurses need to appropriate themselves of and use a new language in the field of Mental Health, which aims to reflect the new concepts that guide the care devices proposed to replace the asylum order, consequently perceiving chemical addiction as an existential matter, starting to value the subjects as citizens in their singularity.

The transition of the care model is also accompanied by the change from the multidisciplinary to the interdisciplinarity paradigm. In the latter, communication is imperative and implies overcoming the specialized, closed terms, giving rise to a unique language to express the different disciplines' concepts and contributions, which will further understanding and exchanges<sup>(4)</sup>.

In that context, although preserved, the specific nucleus of the nursing profession is expanded<sup>(4)</sup>, its work gains new outlines and the objects needs to be redesigned as, in that perspective, the actions are no longer solely aimed at “cure”, but also at the search for the meaning of the use of alcohol and other drugs for the subject, who is heard, expressing his/her difficulties, fears and expectation with regard to their moment in life and their treatment choices.

Psychosocial care presupposes that, beyond the amount of drugs used, the doses and effects, the nurses welcome without judging, assess each situation, each user, discussing and indicating what is possible, what is necessary, what is being demanded and what can be offered.

The stimulus of life and the search for autonomy become technological instruments that grant access to the right to citizenship and emphasize a care that is determined by the proximity with and respect for the user, and not be a medical knowledge that is limited to the medication treatment and the observation of its effects, which presupposes that care is no longer exclusively focused on symptom remission (abstinence).

To operate these actions in these practice scenarios, the nurses can use specific instruments from their knowledge nucleus, represented by technologies characteristic of the profession, such as Interpersonal relationship and therapeutic communication which, associated with and enhanced by the different psychosocial approaches available, can be used in the expanded work sphere, permitting approaches that are focused on what matters to the subject, which should guide the proposal of a singular therapeutic project agreed upon between the team and the user.

The expansion of the nurses' activity area in the addiction area from the psychosocial perspective grants them a role as therapeutic agents, capable of producing changes in the way of delivering care and experiencing the problem of psychosocial substance use and psychosocial rehabilitation. This should stimulate creative and innovative methods, with a view to solidifying the redefinition of the nurses' role in this conception of care.

Nevertheless, despite this new care possibility and the vast possibilities for nursing activities and interactions in care for these clients in the psychosocial field, like in any paradigm change, it is not free from difficulties and limitations that emerge in the daily reality of these practices. In addition, some obstacles need to be overcome with a view to the total insertion in this field.

These difficulties include the need for professional training to add knowledge beyond the biomedical clinical paradigm, the view of the psychological somatic disorder or social transgression that includes knowledge from other fields, such as psychology, social sciences, anthropology and politics, without which our activities become unfeasible.

That is our challenge: to guarantee our effective insertion in care for people with alcohol and other drug-related problems in the psychosocial field, reflecting on our current practice, the practice we want and what we want for future nurses, which does not exempt us from also considering aspects of teaching in mental health nursing.

## References

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