

## AUTONOMY AND SOCIAL REINTEGRATION: PERCEPTION OF FAMILIES AND PROFESSIONALS WHO WORK WITH HARM REDUCTION

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### ABSTRACT

**Objective:** Identify the perception of family's dependent on alcohol and other drugs and health professionals about the concepts of autonomy and social reintegration that supports harm-reduction approach. **Methodology:** Qualitative study, performed with 21 11 10 professionals and family participants recruited in CAPS located in the South of Brazil. The data, collected between June 2013 and may/2014, using semi-structured interviews, were subjected to analysis. **Results:** For family members of autonomy involves a duality: a group associated with instability in relationships, job losses and insecurity because the person keep in touch with the marketing environments of drugs; another group to consider a strategy that helps a person dependent on accepting the treatment, control food intake and alleviate the symptoms of withdrawal. For professionals, it is a strategy that encourages the person to reflect on your relationship with (s) drug (s) and make their decisions. Social reintegration is considered promising by the professionals and families, because it favors the replacement of the previous group of coexistence and integration in occupational activities. **Conclusion:** Autonomy and social reintegration are undoubtedly important concepts for working with drug addicts, but since that involves family and a social support network.

**Keywords:** Substance-related disorders. Reduction of damage. Family. Psychiatric nursing.

### INTRODUCTION

Inserted into the policy of Integral care to users of alcohol or other drugs, the harm reduction approach is a strategy for the prevention, control and treatment of drug use that aims to expand the degree of freedom and co-responsibility of the addicts. Constitutes an alternative flexible of recovery or of acceptance of a condition of life of these people, aiming to make them responsible for their attitudes and their choices are the same in the sense of interrupting or continue to form rational the use of dangerous substances<sup>(1)</sup>. In this sense, represent an investment in a person's ability to control the intake of alcohol or other drugs and reduce the impact on your health.

This approach assumes the establishment of ties with health professionals that accompany the course built by the dependent and the many other people who connect, as expressed document prepared by the Ministry of health<sup>(1)</sup>. Moreover, the harm reduction promotes reflection on the relationship with the drug use and promotes learning and care of himself, so<sup>(2)</sup> shared.

The harm reduction approach is based on a theoretical framework that calls for respect for the uniqueness of the person dependent on drugs, on the basis of their real needs. It is a treatment modality that provides care to individually, with an emphasis on autonomy and co-responsibility of the dependent person, be it alcohol or other drugs<sup>(2)</sup>, in addition to the concern about your social reintegration.

Of this structure, we have selected specifically the concepts of autonomy and social reintegration to examine them, in this study, from the perception of dependent relatives of alcohol and other drugs and the professionals who work in the area of chemical dependency, including reducing agents. These people experience the impact of these two concepts in your daily life in families and health services. Through their perceptions is expected to identify potential sprains between official discourse expressed in public policy and the reality experienced by households. Also expected to identify some challenges faced by professionals for the incorporation of harm reduction in health services that serve dependent on alcohol and other drugs.

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The autonomy, a concept central to harm reduction approach is associated with the freedom of choice of the person dependent on how much the way will relate to the substance of which is dependent on. It is associated, too, with the degree of self-organization that exists in each person. Freedom ensures the power of decision to the person, but assigns the bailout provisions by the social and health problems arising from drug abuse and of the decisions taken<sup>(1)</sup>. Is a concept that is therefore tied to the ability of the person to govern itself, being considered when unattended is able to determine their own standards of conduct, without charges<sup>(3)</sup>. It is a process that involves the definition of priorities and the consequences of the choices that performs, in contexts free of constraints, casts or pressures.

Already social reintegration involves a set of complex actions geared to the rescue of self-esteem; enhancement of individual abilities; overcoming insecurity about the return to the family get-together; provision of access to programs and services geared toward the professionalization and income generation, and community participation. Involves the rescue of frank and respectful dialogue with people and a review of sentencing postures. All these actions are aimed at the development of skills to improve the coexistence of the person dependent on society and enlarge your autonomy<sup>(4)</sup>.

The work in the area of chemical dependency, grounded in conceptions of autonomy and social reintegration requires a service network focused on community, combined with the attention network of health and social services, with an emphasis on rehabilitation of its users. In this perspective, the psychosocial care to person's dependent on alcohol and other drugs need to be supported in a network integrated with the cultural milieu and articulated with the mental health and the principles of psychiatric reform<sup>(1)</sup>.

Incorporate health services the harm-reduction approach, with a logical committed to autonomy and a project of social rehabilitation of persons addicted to alcohol and other drugs, is a major challenge. When this is the goal, no doubt, the support network is an important and indispensable, although it is not the only requirement. The family, for your time, plays a decisive role in the direction of the recovery process of these people, since it's in your daily life that both the impact of the problem of the interventions that are conducted are felt markedly<sup>(5)</sup>.

So are the professionals and family members, with

all the property, can point the challenges and limits the harm reduction approach and, particularly, to elucidate how the concepts of autonomy and social reintegration impact on the lives of the people involved. Based on these considerations, this study has as objective to identify the perception of families' dependent on alcohol and other drugs and health professionals about the concepts of autonomy and social reintegration in harm reduction approach.

## METHODOLOGY

Study exploratory, of nature qualitative, conducted with 21 participants, being 11 relatives of people dependent on alcohol and other drugs and 10 professionals who worked in two centers of psychosocial care (CAPS-ad), headquartered in two municipalities in the extreme south of Brazil, one in which the harm reduction program is in operation and another that deployed in 1997, but the period of data collection was disabled.

The data were collected through semi-structured interviews, conducted between June of 2013 and May 2014, in CAPSad, where he acted, and professionals in the households of relatives. Were used as criteria for inclusion in the study I'm 18 years old and have prior experience and/or knowledge of the harm reduction approach is how familiar or who has worked with this approach. It was considered as a criterion for excluding the possibility of (a) participant express discomfort to address the topic under study.

The interviews were script-driven consisting of questions that allowed a generic characterization of participants, including age, sex, race, religion, education and work/occupation. As a result, for family members, the issues addressed the advantages and the limitations identified in the harm-reduction approach. The script for the pros included questions that enabled a comprehensive evaluation about the difficulties they experienced when working on harm reduction and the possibilities that identified in this kind of approach. The average duration of each interview was approximately 1 hour and all were recorded with the consent of the participant.

After transcription, the data were organized and submitted to analysis thematic<sup>(6)</sup>, according to the sense identified in the speech of the participants, so called: "the duality of the conception of autonomy" and "social reintegration as a promising challenge". All procedures ethical were followed according to the legislation in force and the study received ethical

certification of the Committee of Ethics in Research the Health of institution to which it is linked, as the opinion n° 068/2013.

To preserve the anonymity of the participants, a code was used for family members, formed by the letters "M" (Mother), "and" (Wife), "T" (Aunt) and "I" (Sister), followed by a numeral representing the sequence of realization of interviews. For professionals, the code is formed by the letter "P" (Professional), followed by a number, like the participants, indicates the order of conducting the interviews.

## RESULTS

Among the participating family five were mothers of users, three were wives, two aunts and sister; six of these were elementary school, four had the high school and a degree in business administration. Among the professionals, two psychologists, a social worker, a nurse and six were reducing agents. Among all participants, 17 were female and four male; two were in the age group between 20:30 years, four, between 31 and 40 years, four, between 41 and 50 years, eight were in the range of 51 and 60 years and three above 60 years.

### The duality of the conception of autonomy

For the families' participants of this study, the autonomy of the person dependent on alcohol and other drugs, harm reduction approach is a strategy that helps the user better treatment, keeping the use of alcohol and/or other drugs in a controlled way, easing withdrawal symptoms and encouraging the recovery of family and social life as well as the affective relationships and work.

On the other hand, two families felt that the autonomy granted to the dependent person generates feelings of anxiety and insecurity that, not stopping completely the food intake, the person continues to maintain contact with the environments where drugs are sold. According to T9 and M1 the person is vulnerable and dependent, with continued use, they couldn't distinguish whether the behavior of the person depicted a progressive reduction in the mold of harm reduction or a relapse.

I think it's not good for him to have access to other drugs. That's not good, because anyone who is dependent on will always be dependent. Every time he goes to buy marijuana, will keep in touch with the people who are

using, people who will offer partners who use other drugs. (T9).

The autonomy to decide how the person will relate to the drug can also generate instability in affective relationships. The presence of constant conflict, the numerous losses social, family and continuity of use of alcohol and other drugs make it difficult for the person dependent on keeping the work, leading to financial instability. Similarly, impact on relations to the extent that the spouse opts for distance, or by separation, as a way to protect themselves, away from the problems that this condition causes for the whole family.

I usually say that are 11 years of unstable relationship is always running out. Always thinking that I'm leaving, according to his addiction. If he had a better situation, I would have gotten out of this relationship, but his mother died, the brothers also and he became increasingly alone (and7).

He always says: "I will not use crack, I'm not going to use, I'd do anything, but I'm not going to use.". He becomes aggressive when drinking and he had an addiction (and6).

When faced with the traditional modes of treatment, in which the autonomy to decide how the person will relate to alcohol and/or drugs is not contemplated, the families mentioned as first treatment option to hospitalization, with the goal of detoxification and abstinence. The critical condition that usually the dependent person reaches in some situations makes the family consider the traditional treatment as the best option, leaving harm reduction as a coadjutant in the treatment of chemical dependency.

The first option was the internment. When he returned home, he was in the churches, in the clinic, but no point, and came back. That's when I decided: today I'm going to do what I should have done before, I ran into him in the mental hospital (M2).

For the professionals who participated in the study, the autonomy of the dependent person to decide how it will relate to the drug proves to be an important strategy, which encourages the exercise of decision-making ability about aspects of your own life. Is a way to ensure the dependent person, that usually has no social recognition, the right to seek a better quality of life, regardless of your condition of use. It is, therefore, a flexible way to help you reflect on your relationship with the drug, respecting and understanding this relationship from your needs, without imposing the speech professional technician.

The role of the person [is important] because she's the

one who will make the choice to change your attitude or not, and how you're going to do this change. Another interesting thing is that you are going to build together with the person a therapeutic plan. We end up building an individual therapeutic plan with this person, thinking together. And I think it has better result than impose certain things, like the same treatment. I think it has to be a very thought-out construction, one has to think about it, you have to take some responsibility for your use. It's better than have a proposal ready closed (P3).

All the professionals considered that the fact that the harm-reduction approach have as one of its guidelines to preserve the autonomy of the alcohol dependent person favors the individualization of the therapeutic plan, to the extent that this results from the joint planning between the professional and the dependent person.

### **Social reintegration as a challenge with positive potential**

For families, the proposal of social rehabilitation of the person dependent on alcohol and other drugs in the harm-reduction approach, represents an opportunity to integrate it in an occupational activity, in addition to being a protection for relapses, to the extent that promotes a healthier coexistence with other groups and people. It is, therefore, a strategy that the family considered safe and somewhat protective, because it favors the replacement of the previous group of coexistence, and therefore let the person less exposed to the risk of drug use. Similarly, it was perceived as a stimulus to rapprochement with the family who often distanced himself due to the use of the substance.

My daughter started using marijuana with 16 years and mixed with other drugs. Has she stopped periods, a time without Other she lived on the street and couldn't even recognize yourself. Now she is back, as a mother, I'm going to open his arms again for her (M3).

Already, for the professionals, the social rehabilitation of the person dependent on alcohol and drugs is a challenge and is associated with the strong influence of conception of total abstinence, still rooted in many families, in society and even among some professionals. This influence prevents them from believing in the possibility of social rehabilitation when the use of the drug in smaller dosages, or replaced by another drug.

There is a difficulty to accept on the part of family members. They want the quick withdrawal of their

relatives users (P3).

Sometimes the families are very focused on a specific thing, want to hospitalization, because someone said that confidence is better. Then they can't hear anything different, take a while until you realize that there is another work that is being done, which is also important, good and positive (P4).

For both the families and the professionals who participated in this study, it was found that the concept of social reintegration is associated with a positive dimension, in that it helps a person dependent on the manage your life and achieve some accomplishments, as, for example, acquire a job. These achievements represent a way for these people to rescue your citizenship. However, it is a concept that is in isolation because positivity is always tied to the existence of social and health resources able to support the process of reinsertion of dependents. Among these resources, participants reported some NGOs considered pioneers in the work of social rehabilitation and health institutions such as the CAPSad.

I always say: will the CAPS that have a psychologist, has social workers, have nurses. Will always have someone to answer. Never leave there without a Word, without a reply. (M5)

The CAPS they know forward, they do a good treatment, help to get a job and take responsibility in life. (And8)

Keep the person dependent on alcohol and other drugs in a CAPSad was referred to by families as a way of reinserting it socially, especially for work that is developed in these services, which incorporate the health care in a perspective of integrality. Moreover, the attention to the user in these services include the care of the social and citizenship issues, planned by a multidisciplinary team.

## **DISCUSSION**

The results of this study show that there is a consensus among the Group of relatives about grant to dependent on alcohol and other drugs the possibility to manage, with autonomy, how will relate to drugs and alcohol. Show, too, that while the Group of professionals and some relatives consider autonomy as a positive strategy, was not for the same reasons. For families the autonomy allows the user acceptance of the treatment and recovery of family relationships, while for the professional autonomy favors decision-making regarding the use of drugs. This perspective finds resonance in other studies that refer to user

autonomy and freedom to act without external interference, elements that should be preserved as a reflection of the dignity of the person<sup>(7)</sup>.

However, the autonomy and the right to act freely must be assessed, since the dependency can impair the ability of the user to take certain decisions. The desire of consumption and the acute poisoning can impair the ability of the dependent person to make decisions important<sup>(8)</sup>. Thus, autonomy cannot prevail in all situations as absolute right of person dependent, being, in some cases, can mitigate it and suppress it when there is a conflict with principles and freedom of other people<sup>(7)</sup>, or of his own family.

Thus, the decision of the people on how they will relate to alcohol and other drugs is not something that can be analyzed only unilaterally, since the repercussions of this decision does not fall only on the dependent person, but about the family as a whole. For this reason, other family members must also have the right to decide how they want to deal with the addiction and have the freedom to decide whether they want to stop living with the problems it entails, or if you choose to fight it. And, in such cases, under what conditions they want to fight. Thus, the freedom of choice should extend to other family members, otherwise it could be a burst effect and be more devastating than the chemical dependency.

On the other hand, the feelings of insecurity and concerns that family members experience in relation to the dependent person continue attending drug environments due to these territories dominated by traffic constitute places where violence and conflict with the law are frequent. The groups of domination based on these spaces impose limits and rules that replicate space criminalized, spreading fear spreads in society<sup>(9)</sup>.

Already, in relation to social reintegration, both professionals as family members considered that this is a promising concept, whose positivity is unquestioned, but that only manifests itself when there is a support network installed and accessible. For the families who participated in this study the social reinserion is a form of citizenship.

Involves a long process, dynamic that must occur in a gradual and simultaneous treatment, through the exercise of citizenship and the occupation of social spaces<sup>(10)</sup>. This practice should, therefore, involve the physical and psychological rehabilitation of the dependent person, return to your family get-together, the existence and the provision of access to services and programs that include community participation,

thus achieving full recovery of the individual and your autonomy<sup>(3)</sup>.

Although the social reintegration is seen as a possibility to return to living conditions prior to installation of the disease, people dependent on alcohol and other drugs face several obstacles. Generally are exposed to various risk situations, both physical and mental, social, and other associated with serious health problems -public<sup>(11)</sup>. Prejudice and discrimination still hamper the reintegration process of the dependent person and there is a lack of public policies that support this initiative<sup>(12)</sup>.

On the other hand, is I need to make sure that the insertion of a person dependent on alcohol and other drugs in the formal labor market is quite a challenge, due not only to competitiveness, but also the social stigma related to this condition. These people are usually labeled as thugs and violent, that is, are the ones that should be deleted<sup>(13)</sup>. Generally, the user's insertion in the labour market is still performed so sporadic and not systematized, the jobs are temporary and informal, as is low pay, but should not be seen as failure, but as an achievement or a step to be valued<sup>(13)</sup>.

The family is considered the main socializing institution. She has big relationship both in the creation of conditions which involve the social reintegration and the formation of a network of protection of its members. The process of social reintegration occurs in your fullness, when the dependent person can develop your autonomy in various areas, such as: interpersonal and professional family. In this respect, the inclusion of the person dependent on social support programs can be the gateway to other benefits such as education, professional qualification and the development of autonomy<sup>(14)</sup>.

## FINAL CONSIDERATIONS

The results of this study show that preserve the autonomy of a person dependent on alcohol and other drugs cannot be the result of a decision to exclude the families, because they, in fact, are the ones who feel the consequences of the uncontrolled intake of alcohol and other drugs. The same goes for the process of social rehabilitation of persons addicted to alcohol and drugs. Health professionals, including nurses, need to consider that, although the harm reduction approach with your theoretical structure feature, helps in the care of person's dependent on alcohol and other drugs still requires specific preparation targeted to the needs presented by the family, since not always she holds the

resources necessary to confront a long process as is the attempt to soften the consequences and maintain a rational use of drugs.

In relation to the process of social rehabilitation of the person dependent on alcohol and other drugs, although it is considered to be a promising strategy,

both by families as health professionals, we cannot forget that this is a collective undertaking that involves, at a minimum, review of conceptions rooted in society about addiction as a disease. The acceptance of this condition as a disease is a precondition for the social rehabilitation of addicted to alcohol and drugs.

## AUTONOMIA E REINserÇÃO SOCIAL: PERCEPÇÃO DE FAMILIARES E PROFISSIONAIS QUE TRABALHAM COM REDUÇÃO DE DANOS

### RESUMO

**Objetivo:** Identificar a percepção de familiares de dependentes de álcool e outras drogas e profissionais da área da saúde sobre as concepções de autonomia e reinserção social que embasam a abordagem redução de danos. **Metodologia:** Estudo qualitativo, realizado com 21 participantes 11 familiares e 10 profissionais recrutados em CAPS sediados no Sul do Brasil. Os dados, coletados entre junho/2013 e maio/2014, utilizando entrevistas semiestruturadas, foram submetidos à análise temática. **Resultados:** Para os familiares a concepção de autonomia comporta uma dualidade: um grupo a associa com instabilidade nos relacionamentos, prejuízos no trabalho e insegurança pelo fato de a pessoa manter contato com ambientes de comercialização de drogas; outro grupo a considera uma estratégia que ajuda a pessoa dependente a aceitar o tratamento, controlar a ingesta e amenizar os sintomas da abstinência. Para os profissionais, é uma estratégia que estimula a pessoa a refletir sobre sua relação com a(s) droga(s) e tomar suas decisões. A reinserção social é considerada promissora pelos profissionais e pelas famílias, pois favorece a substituição do grupo anterior de convivência e a integração em atividades ocupacionais. **Conclusão:** A autonomia e a reinserção social são, sem dúvida, conceitos importantes para o trabalho com dependentes químicos, mas desde que envolva a família e uma rede de apoio social.

**Palavras-chave:** Acompanhamento dos cuidados de saúde. Alta do paciente. Método canguru. Prematuro. Enfermagem neonatal.

## AUTONOMÍA Y REINserCIÓN SOCIAL: PERCEPCIÓN DE FAMILIARES Y PROFESIONALES QUE TRABAJAN CON REDUCCIÓN DEL DAÑO

### RESUMEN

**Objetivo:** Identificar la percepción de familiares de dependientes de alcohol y otras drogas y profesionales del área de la salud sobre las concepciones de autonomía y reinserción social que basan el abordaje de la reducción del daño. **Metodología:** Estudio cualitativo, realizado con 21 participantes: 11 familiares y 10 profesionales reclutados en CAPS (Colegios de Aplicaciones Pedagógicas) ubicados en el Sur de Brasil. Los datos, recolectados entre junio/2013 y mayo/2014, utilizando entrevistas semiestructuradas, fueron sometidos al análisis temático. **Resultados:** Para los familiares la concepción de autonomía comporta una dualidad: un grupo la asocia con inestabilidad en las relaciones, perjuicios en el trabajo e inseguridad por el hecho de que la persona mantiene contacto con ambientes de comercialización de drogas; otro grupo la considera una estrategia que ayuda a la persona dependiente a aceptar el tratamiento, controlar la ingesta y amenizar los síntomas de la abstinencia. Para los profesionales, es una estrategia que estimula a la persona a reflexionar sobre su relación con la(s) droga(s) y a tomar sus decisiones. La reinserción social es considerada esperanzadora por los profesionales y las familias, pues favorece la sustitución del grupo anterior de convivencia y la integración en actividades ocupacionales. **Conclusión:** La autonomía y reinserción social son, sin duda, conceptos importantes para el trabajo con dependientes químicos, desde que involucre a la familia y una red de apoyo social.

**Palabras clave:** Transtornos relacionados al uso de sustancias. Reducción del daño. Familia. Enfermería psiquiátrica.

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