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Collective Imaginary of Community Health Agents on Alcohol and Other Drugs

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Abstract. This study aimed to understand the collective imaginary of community health agents (CHAs) from a unit of the Estratégia Saúde da Família (Family Health Strategy) in relation to use/abuse of alcohol and other drugs. The *locus* for the data collection was a psychoanalytic group discussion developed over seven meetings, which had as a facilitator the first author and seven CHAs participants. The *corpus* was qualitatively analyzed by means of an interpretative reading focused on capturing affective-emotional sense fields. Three affective-emotional sense fields were raised, and on this occasion it was decided to focus the findings concerning the first one, as it was organized from the belief that health care to alcohol and other drugs users depends on the availability, by the same users, to stop completely using such substances. However, this belief is not compatible with the harm reduction logic as recommended by the Ministério da Saúde (Brazilian Ministry of Health). Thus, the results provide elements for understanding important nuances of the collective imaginary of the participants of this study regarding alcohol and other drugs use/abuse. Nevertheless, further researches are need given the scarcity of literature devoted to the subject.
Keywords: Drugs; health care policy; health professionals.

Imaginário Coletivo de Agentes Comunitárias de Saúde Sobre Álcool e Outras Drogas

Resumo. O presente estudo objetivou compreender o imaginário coletivo de agentes comunitárias de saúde (ACSs) de uma unidade da estratégia saúde da família em relação ao uso/abuso de álcool e outras drogas. O *locus* para a construção dos dados foi um grupo psicanalítico de discussão desenvolvido ao longo de sete encontros, o qual teve como facilitadora a primeira autora e como participantes sete ACSs. O *corpus* foi analisado qualitativamente por meio de uma leitura interpretativa voltada à captação de campos de sentido afetivo-emocional. Foram captados três campos de sentido afetivo-emocional, sendo que, nesta oportunidade, optou-se por privilegiar os achados concernentes ao primeiro deles, pois este se organizou a partir da crença de que a atenção em saúde a usuários de álcool e outras drogas depende da disponibilidade, por parte dos mesmos, de interromper totalmente o consumo de tais substâncias. Contudo, tal crença não é compatível com a lógica da redução de danos conforme preconizada pelo Ministério da Saúde. Os resultados obtidos, portanto, fornecem elementos para a compreensão de importantes nuances do imaginário coletivo das participantes do presente estudo em relação ao uso/abuso de álcool e outras drogas. Não obstante, novas pesquisas são necessárias face à escassez da literatura consagrada ao assunto.
Palavras-chave: Drogas; política de saúde; profissionais da saúde.

Imaginario Colectivo de Agentes Comunitarias de Salud Acerca del Alcohol y Otras Drogas

Resumen. Este estudio tuvo como objetivo comprender el imaginario colectivo de agentes comunitarias de salud (ACSs) de una unidad de la Estrategia Salud de la Familia acerca del uso/abuso de alcohol y otras drogas. El *locus* para la

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construcción de los datos fue un grupo psicoanalítico de discusión desarrollado en siete encuentros, que tuvo la primera autora como facilitadora y siete ACSs como participantes. El *corpus* fue analizado cualitativamente mediante una lectura interpretativa dirigida a la captación de campos de sentido afectivo-emocional. Fueron capturados tres campos de sentido afectivo-emocional y en esta ocasión se optó por privilegiar los resultados relativos al primero de ellos, el cual fue organizado a partir de la creencia de que la atención en salud a usuarios de alcohol y otras drogas depende de la disponibilidad, por parte de los propios usuarios, de interrumpir por completo el consumo de dichas sustancias. Sin embargo, esta creencia no es compatible con la lógica de la reducción de daños como recomendada por el Ministerio de Salud de Brasil. Así, los resultados obtenidos aportan elementos hacia la comprensión de matices importantes del imaginario colectivo de las participantes de este estudio acerca del uso/abuso de alcohol y otras drogas. A despecho de esto, se necesitan otros estudios, debido a la escasez de literatura dedicada al tema.
Palabras-clave: Drogas; política de salud; profesionales de la salud.

Several authors point out that facing the issue of alcohol and other drugs use/abuse, due to political, cultural, economic, social and psychological aspects which are inherent to it, demand actions that are not limited to repressive and punitive practices inspired by the prohibitionist ideology which have historically prevailed in Brazil. Burgierman (2011), for example, argues that such practices would be inefficient in the illicit drugs supply reduction as well as hinder the access to treatment among users who become addicted. Furthermore, the called war on drugs, according to Benevides and Passos (2010), builds a smokescreen in front of contemporary phenomena that would underlie to the drug addiction and, to Karam (2009), it has resulted in an authorization, although informal, to the use of violence by the police forces, whether against traffickers or users. Silveira and Moreira (2006) argue that the process of users' social exclusion – mainly determined by interventions developed in the field of public security – is at the service of a disciplined society production, as proposed in the production capitalist system.

Nevertheless, in Brazil the issue alcohol and other drugs use/abuse just happened to be contemplated in the health promotion, citizenship valorization context and human rights guarantee after the spread of HIV virus in the 1990s (Trad, 2009). Moreover, the harm reduction strategies began developing in that context, which move away from a segregationist approach to meet education initiatives, autonomy and co-responsibility, as well observed by Conoletti and Soares (2005). In so far as, disposable syringes became available to injecting drug users for the prevention of AIDS, by harm reduction means as a result it signaled the possibility of health care supply to give up the total abstinence requirement (Machado & Miranda, 2007). And this possibility is the current guideline of the "Política do Ministério da Saúde para a Atenção Integral ao Usuário de Álcool e Outras Drogas" (Ministry Health Policy for Integral Attention to Alcohol and Other Drugs User) (Brasil, 2003), whose publication filled the gap, until then existing, of public health policies aimed at the thematic in the country.

However, it should be noted that, as Peres and Silva (2014) warn, Brazilian public policies concerning other fields also cause the users stigmatization. One example is the fact that the "Política Nacional Sobre Drogas" (National Policy on Drugs), published by the Conselho Nacional Antidrogas (Antidrugs National Council) and by the Gabinete de Segurança Institucional (Institutional Security Cabinet) in 2005, keep traces of the "National Drug Policy", from 2001, which was characterized by a marked repressive goal. The new document, still in effect, in much converges with the precedent and, even, presenting its basic assumption with similar writing: "to search, incessantly, to achieve the building ideal of a protected society from the illicit drugs use and the legal drugs misuse" (Brasil, 2005, p. 2). According to Souza and Kantorski (2007), the term protection suggests an idea of danger that, based on moralizing premises, fit the alcohol and other drugs consumption as a deviant behavior. In other words, the "National Policy on Drugs and the Brazilian Ministry of Health" rely on distinct rationales.

Furthermore, both the "National Policy on Drugs" as the "Ministry of Health Policy" are guided by the harm reduction logic, but this one is different from that one due to adopt a broader conception, based on the individual choice freedom and not in his moral judgment, so that, the consumer interruption is not established as a per se goal (Souza & Kantorski, 2007). It is worth mentioning that the "Ministry of Health Policy", aiming to return the citizen place to the alcohol and other drugs user,

also strengthens the right to universal and integral access to health gained with the implementation of the Sistema Único de Saúde – SUS (Unified Health System - UHS). And it should be noted that in Brazil, the main strategy for the universality and the integrality efetivation was the Programa Saúde da Família – PSF (Family Health Program - FHP), which became known as Estratégia Saúde da Família – ESF (Family Health Strategy - FHS) according to the Ordinance GM No. 648/2006, in a movement that signaled the expansion of its scope.

The FHP was established by the Brazilian Ministry of Health in 1994 in order to redirect the health care model in Brazil by strengthening the primary care. Thus, it began to prioritize continuous actions of promotion, protection and recovery of individuals and families health, encouraging the community organization and the effective popular participation (Brasil, 2001). Therefore, it became clear that the FHP sought to transcend the traditional clinical-care logic, supporting the welcoming and taking into account the multiple determinants of health-disease-care process. And to achieve this goal, the health services which currently operating as units of FHS, besides counting on the support of a coordinated and integrated network, should have teams, according to the "Política Nacional de Atenção Básica" (National Policy for Primary Care), that, in its minimum configuration, consist of a family physician, a nurse, a nursing assistant and six community health agents (CHAs) and, in its expanded configuration, it also has a dentist, a dental assistant and an oral hygiene technician (Brasil, 2007).

CHAs play a central role within the FHS, inasmuch as they must necessarily be the community's residents where they work thus, they can act as a link between the enrolled population and the health system. Furthermore, according to Law No. 11.350/2006, they must have completed the primary education and the introductory course in initial and continuing education. It is worth noting that one of the CHAs main duties is to conduct home visits to enable the mapping of the difficulties that every family experiences as well as the area resources and weaknesses in order to promote coordination and community empowerment (Brasil, 2001). That is why the CHAs's work assumes a political and social dimension, not limited, at least in theory, to the technical nature activities.

Nevertheless, it can be seen that there is a major convergence between the aims of the FHS as set by the "National Policy for Primary Care" and the guidelines by the "Ministry of Health Policy" on harm reduction, as both advocate the expansion of the scope of health actions to historically excluded populations, and thus, they can contribute to the consolidation of the UHS universality and integrality principles. From another perspective, it also shows feasible to identify a complementary relationship, due to the proximity to the enrolled population and the knowledge of the area enabled by the FHS, especially at the expense of the CHAs´ work. These contributions are configured as powerful tools for approaching and ties establishment with alcohol and other drugs users, a condition indispensable for the realization of harm reduction.

Lancetti and Amarante (2009) well observed that the CHAs, due to its privileged insertion in the community, often have a higher linker power and also a greater power of action - especially dealing with such clientele - compared to other health professionals. After all, the CHAs tend to hold specific knowledge about the area, the population habits, their emotional and family support networks, the possible health care and the necessary actions. But several authors point out that, by its hybrid character, while being members of the health staff and residents of the assisted community, the CHAs experience important ambiguities in their work as well as facing difficulties because they are often pressured to engage in activities incompatible with their specificities and act as a kind of health surveillance (Cardoso & Nascimento, 2010; Gomes, Cotta, Cherchiglia, & Batista 2009; Lardim & Lancman, 2009).

The literature review carried out for this study found that a number of empirical researches has covered different aspects of the CHA's work, from which those developed by Marzari, Junges and Selli (2011) Lanzoni and Meirelles (2010) and Barros, Chagas and Dias (2009) are representative. However, this review also found only two studies on the CHAs´ work specifically along the alcohol and other drug users. In the first study, Queiroz (2007) addressed the conceptions of primary care health professionals on the use of drugs and the problems related to users' abuse and addiction. The author found that the CHAs have positioned themselves favorably to the proposed adoption of the harm reduction logic in health teams which they were linked, but on the other hand, a lack of its ideological foundations among the participants as a whole was found. In the second study, Oliveira, McCallum and

Costa (2010) took care of the social representations of a CHAs group on drugs consumption and verified that it is not identified as a public health issue and, therefore, it does not mobilize actions aimed at solving it.

Therefore, Queiroz (2007) research shows that, by many health professionals, including CHAs, to position themselves in favor of the harm reduction logic adoption may result from submission to what they consider a "politically correct attitude" (p. 160) than to represent agreement in regard to the assumptions that guide it. Oliveira et al. (2010) research, in turn, signals a mismatch between the roles that the CHAs could play with the population in question – considering the linker power which, as already mentioned, characterizes them – and the role that actually they have taken. It became clear, based on the above considerations, the relevance of new researches, through which other dimensions of the subject could be explored. Assuming such a premise, this study aimed at understanding the collective imaginary of a CHAs group regarding the alcohol and other drugs use/abuse.

It should be noted that the concept of collective imaginary, in its psychoanalytic sense, refers basically to a "set of beliefs, emotions and images that a particular group produces about a phenomenon" (Montezi, Zia, Tachibana & Aiello-Vaisberg 2011, p. 300). More specifically, according these authors, it is possible to frame the collective imaginary as a kind of conduct that is expressed in the mental area, but tends to influence, albeit unconsciously, the action in the outside world. And it is worth mentioning that, for the purposes of defining the concept in question, the term conduct is considered in its broadest sense, as recommended by Bleger (1963/1989), as any human manifestation that emerges in a given cultural and social context. So, the collective imaginary appears as an ideo-affective complex, which gives symbolic substrate to the actions of a certain population facing a thematic (Fialho, Montezi, Ambrosio & Aiello-Vaisberg, 2014; Gallo-Belluzzo, 2011).

The collective imaginary, by the way, was the focus of several recent national researches, carried out within various social groups, among which, for illustration purposes, we can highlight those developed by Paiva (2014), Manna (2013) and Simões (2012). With the first research, the author explored the collective imaginary of people who seek religious care in the Catholic Church. The second research was related to professional caregivers and aimed to investigate their collective imaginary on the elderly. Finally, the third research outlined the mental health workers collective imaginary about patients in psychiatric treatment. Researches like these give to the mentioned concept a growing importance in scientific production field - particularly with regard to qualitative studies - in Psychology in Brazil.

Method

Participants

The CHAs from a FHS unit of an interior municipality in Minas Gerais State, Brazil, were considered eligible to participate. They were in that position for, at least, six months when this study was developed. Thus, it sought to select participants with practical experience in the exercise of that function. All the seven CHAs from this FHS unit met this inclusion criterion. Adding to this, there were no refusals to be a participant. So, seven participants took part in this study, who were all female and, as shown in Table 1, aged from 31 to 52 years old. Regarding the education level, four of them had completed high school and only one a full elementary school, and the work time in the FHS ranged from one to ten years, according to Table 1.

Table 1. Sociodemographic Characterization of the Present Study Participants

Participants	Sex	Age (years)	Education	Time in the FHS unit
CHAs 1	Female	52	Incomplete High School	10 years
CHAs 2	Female	47	Complete High School	6 years
CHAs 3	Female	36	Complete High School	5 years
CHAs 4	Female	31	Complete Elementary School	1 year
CHAs 5	Female	31	Incomplete High School	3 years
CHAs 6	Female	38	Completed High School	6 years
CHAs 7	Female	46	Completed High School	7 years

Data collection

The *locus* for the data collection was a psychoanalytic discussion group, which had as a facilitator the first author of this study and the CHAs participants from the aforementioned FHS unit. In addition, the group in question had a participant-observer, who was a psychology graduate student, whose role was to undertake observations on the course of the meetings and record them for later reports organization. A total of seven group meetings have been completed which lasted one hour each, always in the FHS unit to which the participants were linked and during their work time. Throughout the meetings, issues related to the health care offered to alcohol and other drugs users were discussed, as well as the public policies aimed at this population. It is worth noting that all the meetings were recorded in audio and later transcribed for analysis.

We opted for the realization of a psychoanalytic discussion group keeping in mind that this format was considered fully compatible with the present study aim. According to Emilio (2010), it is learning and sharing device, since it is intended primarily to the horizontal circulation of ideas about a predetermined topic among the participants. It is precisely in this sense that Fernandes (2003) fits the psychoanalytic discussion groups among groups with operative purposes, differentiating them, as a result, from groups with therapeutic purposes. After all, according to the classification system adopted by that author, groups with operative purposes are intended to “clarify issues, situations, events and tasks in their achievement, thus, providing some learning that favors the progress of those people, as individually or as a team” (Fernandes, 2003, p. 87). In contrast, groups with therapeutic purposes, as the nomenclature itself points out, in general, intended either to obtain therapeutic benefits such as symptoms relief or to expand the participants awareness level about their emotional aspects.

However, Fernandes (2003) states that the groups with operative purposes can also produce therapeutic benefits, even more indirectly, whereas the groups with therapeutic purposes, can also provide certain learning ways, but by means of different processes. Furthermore, it is important to note that various mediation resources – among them songs, poems, film clips, newspapers or magazines and even group dynamics - are commonly used as triggering situations in a psychoanalytic discussion group. Later, the meetings, according to Emilio (2010), tend to start with an activity proposed by the facilitator in order to stimulate the discussion and to delimit the theme to be addressed, and such strategy was used in the group which was the *locus* for data collection in the present study. And the author adds that, in addition to the use of triggering situations, the psychoanalytic discussion groups present other specificities towards the more typical operative groups, which allow greater flexibility in the number of participants and the existing configuration among them.

Data analysis

The *corpus* of this study, consisted mainly by recordings transcriptions of the group's meetings, but also by graphic productions resulting from the use of certain mediators' resource of expressive nature and by the reports prepared by the participant-observer. Then, it was qualitatively analyzed through the development of an interpretative reading aimed at capturing affective-emotional sense fields, that is, psychological determinants underlying the conducts (Montezi et al., 2011). This interpretative reading was guided by the discussions which were carried out among the first author, the participant-observer and the co-author. This strategy was selected in order to broaden the data understanding. And it is noteworthy that, in those discussions, they all sought to assume a posture equivalent to the fluctuating attention recommended by the psychoanalytic technique in order to minimize the influence of beliefs and expectations arising from previous personal experiences in data analysis. However, it should be recognized that, according to the epistemological position that guided this study, it is understood that the data do not exist as such regardless of the first author, the participant-observer and the co-author, since they were set up in an interpersonal situation.

Ethical aspects

It is worth mentioning that it was held a preliminary meeting with the CHAs´ group considered eligible to participate in this study in order to provide them with the necessary information about it and to ensure the commitment regarding the maintenance of secrecy concerning the identity of potential participants. As mentioned earlier, all of them agreed to participate, and in this preliminary group meeting, they signed the Informed Consent Form (IC). It should also be noted that the present study was approved by the Ethics and Research Committee of the Federal University of Uberlândia. In addition to those cares already explained, the other necessary ethical guidelines were followed in its development.

Results and Discussion

In this study, the interpretative reading of the *corpus* enabled the identification of significance lines that organize the participants' collective imaginary regarding the alcohol and drugs use/abuse and, thus, they delimit the symbolic expression of the group subjectivity about the issue under consideration. And such significance lines seem to pass on health care offered by the same users, inasmuch as, according to Gallo-Belluzzo (2011), the collective imaginary refers to the emotional logic from which emerge practices of a particular social group. More precisely, three affective-emotional sense fields were captured in the *corpus*, so-called: (1) The steps on the stones path; (2) From the wrong said to the unsaid and (3) Guilty or victims?. To this study, we chose to focus the findings concerning the first one, because it synthesizes aspects considered more representatives against the established aim.

Initially, it should be noted that the affective-emotional sense field "The steps on the stones" path was organized from the belief that health care to alcohol and other drugs users depends on the availability, by the same users, to fully stop the consumption of such substances. However, a belief of this nature is not compatible with the harm reduction logic as defined by the "Ministry of Health Policy". After all, according to this document, harm reduction should consider the constant reflection of health intervention alternatives for this population regardless of the desire to remain abstinent (Brasil, 2003). But it needs to be clear that this study participants, at first, seemed not to disagree with the harm reduction logic assumptions, but rather to unknown them. By the way, similar phenomenon, as already mentioned, was observed in Queiroz (2007) study.

From the following report, presented by CHA 4 in the fourth group meeting, as a hypothesis, it can be thought that the information demand on the subject, although it has happened at certain times, did not give in a clear and accessible way in the participants´ professional education:

> *You hear "reduce this", "reduce that" but, thus, to well specify what we were hearing ... just like she said [other participant], we heard so, daily: "ah, say to that guy to reduces a little of that".*

This hypothesis is consistent with the propositions of authors like Marzari, Junges and Selli (2011), who show that, in general, the CHAs´ professional education is often insufficient. And the expansion of this line of reasoning also raises questions about the knowledge on harm reduction of the health professionals responsible for the participants' education and supervision. On the other hand, one cannot rule out that perhaps the supposed lack of any discussion significant spaces about this issue has also been, to some degree, determined by the previous participants' lack of interest.

Apparently, as a consequence of more precise knowledge lack about the harm reduction logic, the most of the participants had fantasies and prejudices about it. As Karam (2009) and Burgierman (2011) emphasized, this finding indicates that in many segments of society still persist many stigmas regarding the alcohol and other drugs use/abuse. As a result, the participants concerned eventually discredit harm reduction actions, jeopardizing their firmness and delimiting the mistaken incompatibility among the results that may arise from their use and the possibility of total abstinence, as shown in the following report, stated in the fourth group meeting by CHA 2: "[harm reduction] *It is for whom that will not stop*". But it should be noted that harm reduction only understands that total abstinence is not a precondition for any individual to have access to health care. So, it does not rule out it as a possible consequence (Peres & Silva, 2014; Machado & Miranda, 2007).

Given the above, it is clear that the participants' collective imaginary about the alcohol and other drugs use/abuse is shaped, as ideo-affective complex, by beliefs supported in moralizing assumptions, as a consequence, it implies in freedom disconsideration of subjects choice. And such beliefs apparently seem like the psychological determinants of an essentially segregationist approach, which contrasts with what the harm reduction logic requires, according to Conoletti and Soares (2005). In its general aspects, this finding is convergent with the results reported by Oliveira et al. (2010), inasmuch in a CHAs´ group, the authors observed that the social representations on the drugs consumption has been prevailing and were permeated by stereotypes that reproduce social and cultural constructs. Even, the authors point out the overcoming of these stereotypes is essential, so that the CHAs can effectively engage in actions related to the issue engagement, but it demands the reformulation as in the knowledge field as in the personal values.

More specifically, this study participants seem to be guided by a motto that can be formulated as follows: in order to be assisted by any health professional, firstly, the user must want to stop using drugs once and for all. This would be the first step in the steps on the stones path to be followed by the user, so he can no longer be one. In addition, it is valid to clarify that the term stones path was selected to compose the name of the affective- emotional sense field, in question, by referring to a permeate path of difficulties to be overcome by a person helped from someone more experienced, so that the aim can be achieved, whose aim, in this case, is the total abstinence. Furthermore, that term, in a more metaphorical sense, refers to crack characteristic presentation nature.

The motto in question refers to a set of procedures referred to as "The Twelve Steps", which is based in mutual-aid groups such as the Alcoholics Anonymous. And the participants' collective imaginary of this study on the alcohol and other drugs use/abuse can be aligned to the first of these twelve steps, to the extent that it determines, in general, that the users need, first of all, to admit their impotence in the face of alcohol and other drugs (Alcoholics Anonymous, n.d.). The following report, presented by CHA 6, at the first group meeting, gives support to that thesis: "*Because the most difficult is, they* [users] *... want to be helped ... they recognize they need help, then ... we, tactfully, talk with them ... We try to find the best way to bring these patients here*". But the need for the users internalize their impotence / addiction is controversial, as Campos (2004) well observed, as it correlates of an objective process produced by the biomedical model which leads to disregard the individual will either to consume or not such substances as well as the amount consumed for the addiction characterization.

The second step requires that only a "Higher Power" is able to return the user to the sanity (Alcoholics Anonymous, n.d.). And this second step also appears to influence the participants' collective imaginary regarding the alcohol and other drugs use/abuse. Then, it can be deduced that for them, although the impotence/dependence should be internalized, there would be an externality relationship between the subject and the solution to his condition. The "Higher Power" does not necessarily refer to a divinity, and thus can be represented by a service or qualified health professional, being the CHAs responsible to direct the users to a certain treatment. And such a belief, like this,

shows that it is opposed to the co-responsibility approach recommended by the harm reduction logic according to the "Ministry of Health Policy".

Still, it is important to note that the belief, by this study participants, related to the existence of a "Higher Power" who is able to make a dependent stops the alcohol and other drugs usage in a magic way, also seems to be permeated by conceptions that imply a demonization sort of such substances. In addition, it tends to overvaluation the drug treatments and hospital devices, as shown in the following report, presented by CHA 6 in the second group meeting: "*the treatment [to the users] had to be hospitalization and strong medicine into the vein*". In this context, the participants, as health professional, feel themselves impotent to develop any kind of action against the alcohol and other drugs use/abuse. And this finding of this study is equally consistent with the results reported by Oliveira et al. (2010).

In short, the findings related to affective-emotional sense field "The steps on the stones" path subsidize understanding hallmarks of the participants´ collective imaginary regarding the alcohol and drugs use/abuse and, thus, also from the group subjectivity which emerges from the experiences lived by them as social beings. It is possible, from this, to delimit the occurrence of a paradox, especially having in mind that the "Ministry of Health Policy" recommends the use of the harm reduction logic in health care to alcohol and other drugs users, but the present study participants tend to guide the few actions that they develop with this population in the belief that the availability to permanently stop the consumption of such substances as a prerequisite, then it is possible to obtain positive results. And, as a consequence of this belief, they understand that the implementation of the interventions themselves is only up to a specialized health service or health professional.

This highlights, in essence, the need for greater dissemination of the principles of harm reduction. As already mentioned, the confrontation of the alcohol and other drugs use/abuse in our country has been driven predominantly from the use of repressive and punitive practices and the inefficiency of this conduct has been stressed by several authors. Thus, harm reduction remains a complete stranger not only to many health professionals, but also to society as a whole. Therefore, it is important to put in relief the existence of a social and cultural bias in the constitution of the participants' collective imaginary on the subject researched here, to the extent that, to disregard it could lead to a reductionism based on their unfounded blame.

It should be highlighted that the collective imaginary refers as the products - conscious or unconscious - of imaginative activity of a particular social group as to its practical consequences. So, the collective imaginary can be understood, ultimately, as the imagination in action, what leads it to be classified as a type of conduct. But, to Bleger (1963/1989), the conducts are invariably at the same time, individual and collective, as emerging from a certain human environment inserted in a particular culture and shaped by social relations that are established. Moreover, it should be noted that the imaginative activity products, including collective imaginary, should not be depreciated, since, in last instance, they create and renew the everyday world and, thus, confusing themselves with the reality itself (Fialho et al, 2014;. Paiva, 2014).

Finally, it should be pointed out that the choice for a psychoanalytic discussion group as *locus* for the data collection corresponded to the initial expectations, as made possible the emergence of a comprehensive and fruitful *corpus*. In this sense, the results obtained in this study reinforce that, as Emilio (2010) well observed, the group mode in question is likely to prove very useful both in research and interventions based on a horizontalization proposal of knowledge among the participants, favoring, as a result, the knowledge transformation and expansion of each. To do so, however, the meetings should be developed in line with the technical procedures which are specific to psychoanalytic discussion groups. According to the same author, the use of mediation resources, for example, are of particular importance, as, on the one hand, both provides elements for the early discussions and awakens associations and, on the other hand, they delimit the subject to be contemplated and prevent the opening of topics that are not linked to it.

Final Considerations

The reported results provide elements for understanding important nuances of the participants' collective imaginary on this study regarding the alcohol and other drugs use/abuse, so that they improve the emotional logic demarcation on which their conducts are structured, as a social group, towards the thematic. In contrast, this study due to its qualitative nature, offers possibilities of generalizations to other settings that must be considered carefully. Even on that basis, and considering the aforementioned lack of literature devoted to the investigation of CHAs' work along with alcohol and other drugs users, it becomes patent the importance of further research. Specifically, it is recommended the development of researches with comparative approach, which may contribute to the convergences and divergences identification related to the collective imaginary on the subject between CHAs and other professional categories.

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