



## Harm Reduction Psychologists' Performance: Literature Review

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### ABSTRACT

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#### OBJECTIVE

Explore harm reduction and how the psychologist can act in contexts involving alcohol and other drugs.

#### METHODS

This is a bibliographic review through an exploratory study of scientific literature, which had as sources, books, and articles, related to harm reduction, drug use, therapeutic communities, social service, in Portuguese and Spanish, published in 1999 to 2017.

#### RESULTS

Harm reduction promotes the quality of life of the subject who uses psychoactive substances, for emotional, biological, or social reasons. Bearing in mind that psychology and an action focused on the subject's care and autonomy, it makes the individual responsible for his choices, being the psychoactive substances, one of them. And in this case, harm reduction, as a health strategy, is a way for drug users to continue their use in a healthy way, free from prejudice and stigma.

#### CONCLUSIONS

The different approaches and contexts in which the psychologist's role in harm reduction can always be found considers the creation of bonds, de-stigmatization, empathy, and acceptance.

#### DESCRIPTORS

Harm Reduction, Drugs, Psychology, Caution, Vulnerability.

### RESUMO

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#### OBJETIVO

Explorar a redução de danos e como pode ser a atuação do psicólogo nos contextos que envolvem álcool e outras drogas.

#### MÉTODOS

Trata-se de uma revisão bibliográfica por meio de um estudo exploratório da literatura científica, que teve como fontes livros e artigos, relacionados à redução de danos, uso de drogas, comunidades terapêuticas, serviço social, nos idiomas português e espanhol, publicados no período de 1999 a 2017.

#### RESULTADOS

A redução de danos (RD) promove a qualidade de vida do sujeito que faz uso de substâncias psicoativas (SPA), por motivos emocionais, biológicos ou sociais. Tendo em vista que a psicologia é uma atuação voltada para o cuidado e a autonomia do sujeito, ela faz com que o indivíduo seja responsável por suas escolhas, sendo a SPA, uma delas. E nesse caso, a RD, como estratégia de saúde, é a maneira do usuário de droga continuar o seu uso de forma saudável, livre de preconceitos e estigmas.

#### CONCLUSÃO

As diferentes abordagens e contextos em que a atuação do psicólogo com redução de danos pode encontrar-se leva sempre em consideração à criação de vínculo, a desestigmatização, a empatia e o acolhimento.

## DESCRITORES

Redução de Danos, Drogas, Psicologia, Cuidado, Vulnerabilidade.

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## INTRODUCTION

Throughout history, several substances are used to alter states of consciousness. These substances are called “drugs”, according to the World Health Organization (WHO). From a pharmacological point of view, a drug is any substance that, due to its chemical nature, affects the structure and functioning of the organism.

People in situations of vulnerability and users of psychoactive substances are stigmatized, so the interest in exploring the work of psychologists focused on harm reduction (HR) has the possibility of giving visibility to this activity, reducing stigma in relation to the theme and to bring university students closer to this problem that we will face after our graduation training. Former American President Richard Nixon was responsible for the expression “War on Drugs” in 1971, which culminated in a drug policy centered on the repression of drug use and trafficking. Currently, the term is used to refer generally to any policy that prioritizes the suppression of trafficking to the detriment of prevention, treatment, or harm reduction actions<sup>1</sup>.

The criminalization of substance use reproduces the dynamics of class and race discrimination, which structure power relations in Brazil. The increase in violence and criminalization generated by the illegal drug market affects mainly young people, blacks and the poor<sup>2</sup>.

Harm reduction is a public health strategy that aims to reduce the negative consequences that drug use can cause. It is applied to the individual who does not want to stop or decrease the use of the substance, besides being able to be used for people who try to abstain from the consumption of psychoactive substances. It is defined by pragmatism, which offers a practical alternative to the moral or disease models associated with the consumption of psychoactive substances.

The focus is not on whether certain behavior is good or bad, right, or wrong; in harm reduction, the emphasis is on whether the behavior is safe or unsafe, favorable, or unfavorable. Harm reduction focuses on what works: pragmatism and what helps: empathy and solidarity<sup>3</sup>.

It is based on the principles of democratic plurality, exercise of citizenship, respect for human rights and health. This approach considers multiple aspects, such as: the complexity of the phenomenon, the diversity of substances and their uses, the social, cultural, and psychological particularities of users. Enabling better weighting and individualization of risks and vulnerabilities in drug use scenes<sup>4</sup>.

WHO shares this principle: it is best not to use drugs; if using, do not use injectable; if you use, do not share, if you share, sterilize them. In the same direction, some authors also point to the fact that the HR policy recognizes abstinence as an ideal result. It can be understood that this approach supports the idea that there are people who, for some reason, need to use psychoactive substances. But, on the other hand, he understands that there are people who do not have such a

need, this being the ideal condition<sup>5</sup>.

### Harm Reduction in the world

#### United Kingdom

After the First World War, some soldiers treated with morphine became dependent on opioids, which is why HR originated in England in 1926, with the recommendations of the “Rolleston Report” which established the rights of English doctors to prescribe regular supplies of opioids mostly dependent soldiers. Under the following conditions: management of the withdrawal syndrome when it was demonstrated that after prolonged attempts to cure the use of the drug could not be safely discontinued; and when it was proven that the patient would only be able to lead a normal and productive life if a minimal dose of the drug were administered regularly. This medical act was understood as a treatment and not as an incentive to addiction<sup>5</sup>.

#### Netherlands

The creation of the Junkiebond association led to the development of the first needle exchange program in Amsterdam in 1984. The Municipal Health Service supplied Junkiebond with disposable syringes and needles in large quantities once a week for distribution in exchange for the collection of used needles. This strategy favored the co-responsibility of users so that they could receive new syringes<sup>3</sup>.

Currently, there is another drug user organization (DA) called the Rebenboog Group in Amsterdam, which found that there is no point in simply taking the drug out of the user's life, something must be put in place to help deal with the deeper problem, the that led the individual to addiction. An important service provided by the organization are safe consumption rooms that prevent deaths from overdoses, DAs can take methadone (heroin replacement therapy) or even small doses of heroin, so that people do not need to practice illegal acts to obtain drug<sup>6</sup>.

#### Portugal

In the 2000s, the Institute of Drugs and Drug Addiction (DDA) was created, which aimed at decriminalizing the consumption of all SPAs through the approval of Law No. 30/2000, which defined the legal regime applicable to SPA consumption, as well as the health and social protection of people who consume such substances without medical prescription and, subsequently, in Decree-Law no. 130-A / 2001, which allowed drug consumption, acquisition and possession to be no longer considered a crime. own consumption<sup>7</sup>.

Portugal implemented the treatment of heroin addicts with methadone, quality control of drugs in night clubs, needle

exchange, psychological counseling of addicts. No drugs have been legalized, the police continue to detain users who carry quantities above those allowed and trafficking is still repressed. What has changed is the implementation of a coherent system, designed by experts, where the only criterion is to do things that work, under the command of the Ministry of Health<sup>6</sup>.

## Brazil

In Brazil, HR appeared in the municipality of Santos, in the state of São Paulo in 1989, when the AIDS outbreak began due to the sharing of syringes and the first distribution of syringes for substance use occurred.

At that time, Santos was known as the “capital of AIDS”, a port city, the largest in Latin America, a place for exchanges and meetings of all orders, a strategic point of international drug trafficking. Epidemiological data indicated that 51% of cases of HIV / AIDS contamination were related to the sharing of syringes for the use of injectable drugs<sup>8</sup>.

In 2005, HR was implemented at the Psychosocial Care Center - Alcohol and other drugs (CAPS-AD), which are strategic points of attention for the Psychosocial Care Network (RAPS): open and community health services made up of a multidisciplinary team and which works from an interdisciplinary perspective and primarily helps people with suffering or mental disorder, including those with needs resulting from the use of alcohol and other drugs<sup>9</sup>.

The HR acts before the particularities of each subject, which is guided by principles and legislation, being part of the principles of the Psychosocial Care Network. RAPS has the following principles: Respect for human rights; Care and freedom; Combat stigma and prejudice; Diversification of care strategies; Promotion of autonomy; Harm reduction strategies; Social control of users and their families; Permanent education strategies; Construction of the singular therapeutic project<sup>10</sup>.

Among the RAPS care guidelines, we highlight HR as a public health strategy, based on the principle of ethics and care, which aims to reduce the risk of social, individual and community vulnerabilities, associated with drug use, abuse and dependence<sup>10</sup>.

The work of the psychologist, as well as a caregiver, can be very valuable for DAs, as HR is a strategy for both health and social assistance, given that the substances cause changes in the individual's body and can change their behavior in society. In this work, four forms of psychologist work with harm reduction were addressed, namely: CAPS Ad, Street Office, Social Assistance, and in the Clinical Area.

## METHOD

The work followed the precepts of the literature review, through an exploratory study of the scientific literature. Books were used, related to harm reduction, drug use, therapeutic communities, social service, in the Portuguese and Spanish languages, published between 1999 and 2017. Scientific articles on the subject were accessed in the Scielo, LILACS, MEDLINE databases, published in the last 10 years (2010 to 2020).

For the selection of sources, bibliographies addressing harm reduction, use of psychoactive substances, psychologist's performance were considered as inclusion criteria, following the premise: exploratory reading, selective reading and recording of information extracted from sources in a specific instrument.

## RESULTS

HD is a health and social assistance strategy, its approach is made so that the subject feels welcomed, understood, and accepted, because of the use of SPAs he may find himself in situations of biopsychosocial vulnerability.

HD is associated with quality of life, considers the particularities of everyone, so HR acts in health practices that consider the subjects' uniqueness, that value their autonomy and that outline action plans that prioritize their quality of life.

In Brazil, there are devices that use HR as a health strategy, social care and psychic support, they are: CAPS AD - Health: They are strategic points of attention of the Psychosocial Care Network (RAPS): open and community health services constituted by a multiprofessional team that acts on an interdisciplinary perspective and performs primarily care for people with suffering or mental disorder, including those with needs resulting from the use of alcohol and other drugs<sup>9</sup>.

With a unique, intersectoral and shared therapeutic project, CAPS-AD allows users to have a full daily life, producing meaning and, at the same time, autonomy, and responsibility. The psychologist welcomes people in their uniqueness, making them a great ally in building possible paths<sup>11</sup>.

The role of the psychologist at CAPS-AD consists of working on the user's connection with everyday life, so that he can be reinserted into society as a “normal” citizen, causing the stigma to be broken and the user to see himself as an individual capable of living in society, having a job, creating bonds and self-managing.

Some CAPS-AD have Reception Units (RU) as a continuous health device that offers a residential environment, open 24 hours a day, voluntary reception and continuous care for people accompanied by the CAPS-AD<sup>9</sup>. It is a space designed for reception, hospitality, coexistence, and it is essential to consider that the possibility of “living” and “exchanging identities”, in the sense of producing a place to enrich social networks, are central axes in the proposition of “rehabilitation as citizenship”<sup>12</sup>.

Social assistance: The understanding of the use of psychoactive substances (PS) is part of the historical materiality of social life, it advances in the analysis of the particularities of individuals, considering that the relationship of people with PSs is historical. The consumption of PSs is multifactorial; therefore it is associated with several spheres of individuals, from heredity, education, social support, and even, the consumerism that is fostered in our society.

The Unified Social Assistance System (USAS) organizes social assistance actions in two types of social protection: Basic Social Protection, aimed at preventing social and personal risks, by offering programs, projects, services and benefits to individuals and families in situations of social vulnerability. And Special Social Protection, aimed at families and individuals who are already at risk and who have had their rights violated due to abandonment, ill-treatment, sexual abuse, drug use, among others<sup>13</sup>.

Among the work of USAS at the Specialized Reference Center for the Homeless Population (POP CENTER), we can highlight the work of social reintegration, focused on work, training, qualification, as well as the provision of information on opportunities and job vacancies.

The homeless person when he experiences psychological suffering poses the challenge for public policies nowadays on how to fully contemplate them, considering and respecting their specificities. Considering that this population is not constituted as a homogeneous group, it is understood that these people demand specific attention, in view of their routes, experiences and, possibly, leaving the streets<sup>14</sup>.

Street Office - Health: Based on respect for the assisted population's way of life. They are primary care teams, composed of health professionals with the exclusive responsibility of articulating and providing comprehensive health care to people on the streets, meeting with the user to promote human rights, inclusion, and social reintegration, coping with prejudice and rescue of citizenship<sup>15</sup>.

The Street Office aims at strategies to promote health, cit-

izenship and human dignity and is defined as a clinical device of biopsychosocial health care for people in street situations, exposed to life risks related to the use of psychoactive substances and the contagion of diseases sexually transmitted. Its performance counts on a vehicle adapted and equipped for the purposes of intervention on the street in the modalities of psychological assistance, assistance in social assistance, immediate health care, reduction of risks and damages associated with the use of alcohol and other drugs, health education and hygiene, recreational activities, creative workshops, prevention of sexually transmitted diseases and other contagious diseases and referral to the social and health network<sup>16</sup>.

The role of the psychologist focuses on the assessment and management related to the subjective aspects involved in the use and abuse of psychoactive substances. Based on qualified listening, the intervention aims to promote the individual's recognition of the risk and protective factors that each may be subject to<sup>16</sup>.

On the street, unpredictability is part of the work routine, requiring flexibility, authenticity, networking, creativity, negotiation skills, acceptance and respect, every moment at each meeting. If I accept, respect and listen without judging values, the bond and trust they establish<sup>17</sup>.

The Street Office understands HR in a broader and more potent way, the definition constructed by Professor Antonio Lancetti speaks of harm reduction as "life extension". Working in this logic, brings us closer to the real desires and needs of the people served, and significantly favors the co-responsibility of singular movements in the direction of improving social and health conditions, in a context of risk and vulnerabilities<sup>17</sup>.

Clinic - Health: The clinic's focus can be consistent with the biopsychosocial model of drug use problems. Since it recognizes that personal meanings, learning and social conditioning and biological interpersonal social factors can play a role in the genesis of the problem and that the specific contribution of each one of them, each client must be taken into consideration to develop individually adapted treatments with maximum chances of success. This approach assumes that substance use problems can be the result of several psychological, social, and biological factors, which are combined exclusively in each person<sup>19</sup>.

Carl Rogers, humanist psychologist and developer of the Person-Centered Approach, says:

*"The more acceptance and appreciation I feel for this individual, the more I will be creating a relationship that he will be able to use. By acceptance, I mean an affectionate regard for him as a person of unconditional self-worth - of value, regardless of his condition, his behavior, or his feelings. It means a respect and appreciation for him as a separate person, a desire for him to have his own feelings in his own way. It means an acceptance of his attitudes at the moment or consideration for them, regardless of how negative or positive they are, or how much they may contradict other attitudes he held in the past. This acceptance of every fluctuating aspect of this other person constitutes a relationship of affection and security for him, and the security of being liked and cherished as a person seems to be an extremely important element in a helping relationship"<sup>20</sup>.*

Clinical psychotherapy should provide an environment in which the subject feels free to bring accounts of his life and his use of substances, without being judged. This favors the link between the psychologist and the person who can promote harm reduction in the individual's life. The bond and non-judgment open the possibility that the relationship with the PSs and the meanings attributed to them are genuinely listened to and elab-

orated by the individual.

The clinical-political approach of HR is not restricted to techniques of behavioral changes and the removal of habits of use but aims to promote the multiplication of the possibilities of care and singular treatment, establish networks and act in the territory to increase the "surface of contact" and points of reference and social support for users and their families<sup>21</sup>.

## DISCUSSION

Considering that HR is little known, individuals who use PSs are often stigmatized and ignored by society, which causes them to be overlooked. Harm reduction promotes this paradigm break, educating others on the correct way to deal with DA.

The psychologist, by creating a bond with the individual, can promote quality of life without the subject feeling obliged to interrupt its use. Along these lines, using the necessary strategies, it is possible that harm reduction facilitates abstinence. Not being that its central objective but the quality of life of the user of psychoactive substances.

The psychologist's job with harm reduction is also to recover the esteem of this individual in his entirety and not just as a "drug addict", so that self-awareness and autonomy are created.

Psychology and harm reduction are good allies, as HR can facilitate the subject's understanding of himself and his substance use.

Stigmatization, which targets drug users, especially illicit drugs, is a social construct. The HR operates with the subject's autonomy; therefore, it is necessary to face and deconstruct the stigmas that were built in their daily lives. The reconstruction of the self, undone by stigma goes a long way that needs to be faced with all the strength and help of many people, especially family members and the local community<sup>10</sup>.

## CONCLUSION

The suspension of moral values and prescriptive positions and the acceptance that some people cannot, do not want or are unable to stop using drugs, without this representing the impossibility of other gains and therapeutic processes is fundamental.

In this perspective, health practices guided by the "ethics of care" of the HR must accept, without judgment, what in each situation, with each user, is possible, what is necessary, what is demanded, what can be offered, what should be done, always encouraging their participation and engagement in psychotherapy.

Harm reduction promotes the quality of life of the subject who uses psychoactive substances, for emotional, biological, or social reasons. Bearing in mind that psychology is a science focused on the subject's care and autonomy, it makes the individual responsible for his choices, being the PS, one of them. And in this case, HR, as a health strategy, is the DA's way of continuing its use in a less harmful way, free from prejudice and stigma.

In Portugal, the less authoritarian approach, with a greater focus on harm reduction than in the war on drugs, brings a broader understanding of consumption and more effective results in combating drug trafficking.

Therefore, the psychologist, when creating a bond with the individual, can generate a relationship of trust, where the DA can feel free to report important moments of his life, favoring the practice of harm reduction and care.



## REFERENCES

1. Araujo, T. Guia sobre drogas para jornalistas. 1ª edição. São Paulo: IBCCRIM-PBPD-CATALIZE-SSRC, 2017.
2. Bokany, V. Drogas no Brasil: entre a saúde e a justiça: proximidades e opiniões. São Paulo: Editora Fundação Perseu Abramo, 2015.
3. Marlatt, G. A. Redução de danos: Estratégias práticas para lidar com comportamentos de alto risco. Porto Alegre: Artmed, 1999.
4. Ribeiro, M. M. Drogas e redução de danos: Os direitos das pessoas que usam drogas. São Paulo: Editora Saraiva, 2013.
5. Sodelli, M. Uso de drogas e prevenção. São Paulo: Iglu, 2010.
6. Burgierman, D. R. O fim da guerra: A maconha e a criação de um novo sistema para lidar com as drogas. São Paulo: Leya, 2011.
7. Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências. <http://www.sicad.pt/PT/PoliticaPortuguesa/SitePages/Home%20Page.aspx> acessado em 02/11/2020.
8. Passos, E. H. Souza, T. P. Redução de danos e saúde pública: construções alternativas à política global de “guerra às drogas”, 2009.
9. Ministério da saúde <https://www.saude.gov.br/noticias/693-aco-es-e-programas/41146-centro-de-atencao-psicossocial-caps> acesso em maio de 2020.
10. Silva, V. Pinheiro, R. Reflexões sobre a política de redução de danos no Brasil, 2019.
11. Santos, A. Dobies, D. Pastori, F. Sousa, F. Correa, J. Nagata, V. Álcool e outras drogas. São Paulo: Conselho regional de psicologia, 2011.
12. Centros de Atenção Psicossocial e Unidades de Acolhimento como lugares da atenção psicossocial nos territórios: orientações para elaboração de projetos de construção, reforma e ampliação de CAPS e de UA / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Especializada e Temática. - Brasília: Ministério da Saúde, 2015.
13. Secretaria Especial do Desenvolvimento Social. <http://mds.gov.br/assuntos/assistencia-social/o-que-e> acessado em 25/10/2020.
14. Santiago, E. Santos, L. O desafio no atendimento ao sujeito em situações de rua: na perspectiva dos profissionais do centro POP, 2018.
15. Lima, S. Seidl, E. Consultório na rua: Atenção a pessoas em uso de substâncias psicoativas, 2015.
16. Guia do projeto consultório de rua / organizadores: Filho, A. Valério, A. Monteiro, L. Brasília: SENAD; Salvador: CETAD, 2011.
17. Teixeira, M. Fonseca Z. Saberes e práticas na atenção primária à saúde: cuidado à população de rua e usuários de álcool, crack e outras drogas. São Paulo: Hucitec, 2015.
18. Tatarsky, A. Psicoterapia de Reducción de daños: Un nuevo tratamiento para problemas de drogas y alcohol, Estados Unidos da América. 2002.
19. Rogers, C. Tornar-se pessoa. São Paulo: Martins Fontes, 2017.
20. Ferreira, I. O paradigma da redução de danos na clínica com usuários de drogas: Inflexões, deslocamentos e possibilidade de escuta e posicionamento clínico, 2018.