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MEANINGS CONSTRUCTED BY DRUG USERS REGARDING TREATMENT IN THERAPEUTIC COMMUNITIES[1]

Mariane Capellato Melo[2] [3], Orcid: http://orcid.org/0000-0003-4485-1002
Clarissa Mendonça Corradi-Webster[2], Orcid: https://orcid.org/0000-0002-3386-1267

ABSTRACT. Therapeutic Communities are a resource frequently used in the treatment of problematic drug use. This study aimed to comprehend the meanings constructed by people that had undergone internation in Therapeutic Communities. This was a qualitative and descriptive study based on a social constructionism theoretical framework. A total of 10 semi-structured interviews were carried out with people after their internation in Therapeutic Communities. Three themes were constructed after conducting thematic content analysis: 1) Psychosocial care network and places of internation, addressing the restrictions experienced throughout the internation process in TCs, highlighting some repertoires used to refer to this treatment. 2) The naturalization of internation as a care ideal, discussing how TCs and social distancing are constructed as inevitable routes for people who use drugs, naturalizing existing processes of rights violations; 3) What remains after the internation, the theme which deals with the complexity related to the inpatient leaving the treatment in CTs and challenges that are amplified due to the lack of preparation of the institutions and the lack of a support network that assists in this process. Although the patients described the TCs as a space of internation and punishment and highlighted the challenges encountered by them after the internation, this type of treatment is naturalized as an inevitable route for the drug user's life. The problematic use of alcohol and other drugs is a complex field (social, health, cultural and economic) and the focus on long inpatient models has led to different forms of exclusion and violations, combined with a lack of investment in practices that cover the complexity of the issue.

Keywords: Therapeutic communities; inpatient; psychosocial care network.

SENTIDOS CONSTRUÍDOS SOBRE A INTERNAÇÃO EM COMUNIDADES TERAPÊUTICAS COM PESSOAS EM TRATAMENTO POR USO DE DROGAS

RESUMO. As comunidades terapêuticas têm sido um dispositivo muito utilizado para o tratamento de pessoas que fazem uso problemático de drogas. Este estudo teve como objetivo compreender os sentidos construídos sobre a internação em comunidades terapêuticas por pessoas que passaram por estas instituições. Estudo qualitativo, descritivo, com referencial teórico construcionista social. Foram realizadas

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[2] Programa de Pós-Graduação em Psicologia, Faculdade de Filosofia, Ciências e Letras de Ribeirão Preto, Universidade de São Paulo, Ribeirão Preto-SP, Brazil.
[3] E-mail: marianecapellato@gmail.com

entrevistas semiestruturadas com dezindivíduos que passaram por internações. Com a técnica de análise temática foram construídos três temas: 1) rede de atenção psicossocial e os espaços de reclusão, que aborda as restrições vividas ao longo de todo processo de internação nas CTs, e destaca alguns repertórios utilizados para se referir ao tratamento nesta; 2) a naturalização da reclusão como ideal de cuidado, tema que discute como as CTs e o distanciamento social são construídos como percursos inevitáveis para as pessoas que fazem uso de drogas, naturalizando processos de violações de direitos que ocorrem e as possibilidades de cuidado oferecidas; 3) o que resta depois da reclusão, tema que trata da complexidade relacionada à saída da internação e os desafios ampliados pelo despreparo das instituições e da ausência de uma rede de apoio que auxilie no processo. Apesar das CTs serem descritas como espaço de reclusão e de punição e dos desafios encontrados pelos usuários após a internação, o tratamento é naturalizado como percurso inevitável na vida do usuário de drogas. O uso problemático de álcool e outras drogas é um campo de muita complexidade (social, saúde, cultural e econômico), o foco em modelos de internação longa tem propiciado diferentes formas de exclusão e violações, ao mesmo tempo em que desinvestem em práticas que abranjam a complexidade da questão.

Palavras-chave: Comunidade terapêutica; internação; rede de atenção psicossocial.

SENTIDOS CONSTRUIDOS SOBRE LA INTERNACIÓN EN COMUNIDADES TERAPÉUTICAS CON PERSONAS EN TRATAMIENTO POR USO DE DROGAS

RESUMEN. Las Comunidades Terapéuticas han sido dispositivos muy utilizados al tratamiento de personas que hacen uso de drogas de manera problemática. En este estudio se tuvo como objetivo comprender los sentidos construidos sobre la internación en Comunidades Terapéuticas por personas que pasaron por estas instituciones. Es un estudio cualitativo, descriptivo, que tiene una referencia teórica construccionista social. Se realizaron entrevistas semiestructuradas con 10 individuos que pasaron por internaciones. Con la técnica de análisis temático, se construyeron tres temas: 1) Red de atención psicosocial y los espacios de reclusión, que aborda las restricciones vividas a lo largo de todo el proceso de internación en las CTs, además destaca algunos repertorios utilizados para referirse al tratamiento en ésta; 2) La naturalización de la reclusión como ideal de cuidado, tema que discute cómo las CTs y el distanciamiento social se construyen como recorridos inevitables para las personas que hacen uso de drogas, naturalizando los procesos de violaciones de derechos que suceden; 3) Lo que queda después de la reclusión, tema que trata de la complejidad relacionada con la salida de la internación y los desafíos ampliados debido a la poca preparación de las instituciones y la ausencia de una red de apoyo que auxilie en el proceso. A pesar de que las CTs se describen como espacios de reclusión y de punición, además claro, de los desafíos encontrados por los usuarios después de la internación, el tratamiento en ésta es naturalizado como transito inevitable en la vida del usuario de drogas. El uso problemático de alcohol y otras drogas es un campo de gran complejidad (social, salud, cultural y económico), el enfoque en modelos de internación prolongada ha propiciado diferentes formas de exclusión y violaciones, al mismo tiempo que no se interesan en prácticas que abarcan la complejidad de la cuestión.

Palabras clave: Comunidad terapéutica; internación; red de atención psicosocial.

Introduction

The process of Psychiatric Reform was marked by tensions in healthcare between the public and private sectors and by the search for people's rights as citizens. The term 'madness industry' was coined due to the use of psychiatric hospitalizations as a means of generating profit, since psychiatric hospitals were mostly private and funded by the State. The lack of regulation and supervision of psychiatric hospitals and an increasing number of complaints of rights violations (Braga, Fraga & Souza, 2006) were included in this scenario. The Psychiatric Reform proposed an ethical stance toward people suffering from mental suffering, understanding them as political citizens with rights (Amarante, 2009), recommending that community interactions be expanded and understanding treatment as a means of resistance to situations of confinement and social exclusion (Pitta, 2011).

Despite progress in mental health care, the field of alcohol and other drugs remained on the fringes of State action until the publication, in 2003, of a document that discussed the policy for drug user care of the Ministry of Health (Brasil, 2004). In this proposal, the individuality of each user was recognized, highlighting the need for the joint construction of coping strategies, with the prioritization of care in the community and in the network (Machado & Boarini, 2013). Care related to alcohol and other drugs was organized by the Psychosocial Care Network (*Rede de Atenção Psicossocial* - RAPS). In this organization, the so-called Therapeutic Communities (TCs) were included as transitional residential care services, which are spaces for the reception and care for drug users (Portaria nº 3.088, 2011).

The CTs grew in Brazil at a time when there were no State health investments in the field of alcohol and other drugs. These were one of the few resources, whether privately or in the third sector, which aimed to offer specific spaces for people with problems due to drug use. According to the National Confederation of Therapeutic Communities (CONFENACT), TCs have been operating in Brazil for more than 40 years (2013).

The appearance of the first TC in Brazil dates to 1968, having been created by a group of young people linked to the evangelical church. Therapeutic Communities are usually institutions of isolation, with long periods of internation and with no external social contact, while those that work with more open models and have contact with the user's home area and the care network being rare. They aim to 'cure' drug users, understanding their total abstinence from drugs as the cure (De Leon, 2003). Current TCs favor disciplinary, confrontational, and intense (physical and emotional) interventions with inpatients (Sabino & Cazenave, 2005). One of the fundamental activities in the TCs is labor therapy, through which it is understood that personal problems can be solved, although this does not have the function of training for professional activities (De Leon, 2003). In addition to self-help groups, TCs use religious concepts to restore the individual, prescribing so-called spiritual activities, such as reading the Bible and praying, as well as stimulating confessions and blaming the inpatient for the drug use (Bolonhesi-Ramos & Boarini, 2015; Fossi & Guareschi, 2015).

The Therapeutic Communities are unique, as they are based on three hegemonic discourses: the religious moral discourse, with the understanding of the drug pleasure as an evil to be combated; the legal discourse, acting in a disciplinary and punitive way; and the asylum biomedical discourse, providing treatment that excludes the individual from society.

In the daily practice, the TCs construct interventions based on discipline-work-spirituality (Instituto de Pesquisa Econômica Aplicada [IPEA], 2017). These occupy a social place that seems to provide answers to historical-cultural comprehensions regarding drug use (Ribeiro & Minayo, 2015; Fossi & Guareschi, 2015).

A survey carried out in 2007 indicated that there were up to 3,000 TCs in Brazil, however, in a study carried out with institutions for the internation of people using alcohol and other drugs, it was verified that only 35% of these were referred to as TCs (Brasil, 2007b). A Technical Note produced in 2017 by the Institute of Applied Economic Research (IPEA) seeking to outline the profile of TCs in Brazil worked with 2000 TCs (IPEA, 2017). There are also a large number of institutions that are designated as TCs and not regulated, with it being practically impossible to specify the number of existing TCs (Conselho Federal de Psicologia [CPF], 2013), as there are different denominations for the internation spaces that work in the TC, with many of these spaces being unregistered with the appropriate bodies and not receiving inspections. Ribeiro and Minayo (2015) highlighted that the disagreement among public agencies regarding the numbers of TCs is a demonstration that there is a number of TCs that operate without supervision.

The Conselho Federal de Psicologia (2011) issued a report after visiting 68 TCs. In all of them there were indications of violation of rights to different degrees, such as: interception and violation of correspondence, physical violence (punishment and torture), exposure to humiliating situations, imposition of beliefs and disrespect for sexual orientation. In a survey conducted by the IPEA (2017), some characteristics of the population attended in TCs were identified: the majority (80%) attended individuals aged 18 or over; the majority of vacancies in TCs (81%) were for men; (81.6%), with alcohol (81.4%), cocaine (63.6%) and marijuana (56.2%) being the drugs most used by the inpatients at the time of the survey. A survey carried out by FEBRACT in 2005 described some characteristics of the population treated in its branches that year. The sample consisted mainly of men (92.3%), with a mean age of 28.8 years and 50% had already undergone other types of inpatient treatment (Sabino & Cazenave, 2005). The Brazilian scientific literature is still incipient in relation to this theme, however, its production has increased in recent years, due to the interest in obtaining information that helps to monitor and evaluate resources that have received increased funding from the State (IPEA, 2017).

There are currently many questions about what the most appropriate care models would be for people who make problematic use of alcohol and other drugs, an issue that has become a public concern. In spite of this, there is a lack of knowledge and research in the area, especially regarding Therapeutic Communities. This is the model that has been highlighted in the so-called 'war against crack', therefore it is fundamental to develop research in this field, aiming not to disregard its complexity (Pereira, Jesus, Barbuda, Sena &Yarid, 2013).

Thus, this study sought to comprehend the meanings constructed regarding internation in Therapeutic Communities by individuals who have passed through these institutions and are currently users of an Alcohol and Drugs Psychosocial Care Center in the city of Ribeirão Preto, SP.

Method

This was a qualitative and descriptive study based on social constructionist epistemology. According to this perspective, people are continually constructing meanings

about their experiences and in the different relationships they establish, with these being influenced by the historical and social context (Gergen, 2009). The meanings are the terms used in language, which serve as a form of localization in the world, of how this is described, including the description of oneself, and how one deals with the situations of the environment. The construction of meanings influences the way people conduct life, and is performed through language, which for social constructionism does not represent reality, but constructs it. In this way, social constructionist research understands science as a discursive practice and scientific knowledge as a practice constructed by interacting people who must seek to help to open new possibilities of constructing the meanings about a given object (Gergen & Gergen, 2010). Research is understood as a possibility of understanding about the object of study and not as an absolute truth.

Participants

Participants of this study were 10 men, following the inclusion criteria: to be over 18 years of age, to be receiving care in the selected CAPS-AD and to have undergone at least one internation in a Therapeutic Community. Participants had a mean age of 32 years. Only one of them lived alone, the others lived with family members, two being married, one separated and seven single. Regarding schooling, four had incomplete elementary education, four had incomplete high school education and two had incomplete higher education. The mean age of onset of substance use among the participants was 15.5 years. Of the 27 reports of episodes of inpatient treatment for drug use, 18 occurred in TCs (66.6%), with the remainder corresponding to hospitalizations in psychiatric hospitals, in rehabilitation clinics or treatment in mental health community centers.

Instruments

For the performance of this study, semi-structured interviews were conducted, guided by four main topics: 1) Identification of participants - composed of socio-demographic questions; 2) Substance use trajectory - with questions focused on the interviewees' experiences of psychoactive substance consumption and the problematization of this in the course of their lives; 3) Trajectory of seeking mental health and drug care - questions addressing seeking mental health care and the strategies used to deal with substance use issues; and 4) The experience of internation in Therapeutic Communities - experience of internation, from the decision to use this resource to the experience within the TC and the impact after leaving it.

Procedures

Data collection. The invitation to the participants was carried out in the welcome groups and workshops of the service. After agreeing to participate in the study, a time was scheduled for the interviews, which took place in a private room in the CAPS-AD, with the presence of only a researcher and the user. After reading and accepting the terms of consent, the interviews were started, which were audio-taped. The collection was carried out from September 2014 to May 2015 and the *corpus* was composed of approximately 12 hours, with the average time of each interview being 1 hour and 20 minutes.

Data analysis. The interviews were transcribed in full, and thematic content analysis was carried out. The categories were analyzed according to the social constructionist

epistemological framework, in dialogue with the literature on psychiatric reform and harm reduction. The thematic analysis followed the steps described by Braun & Clarke (2006), these being:

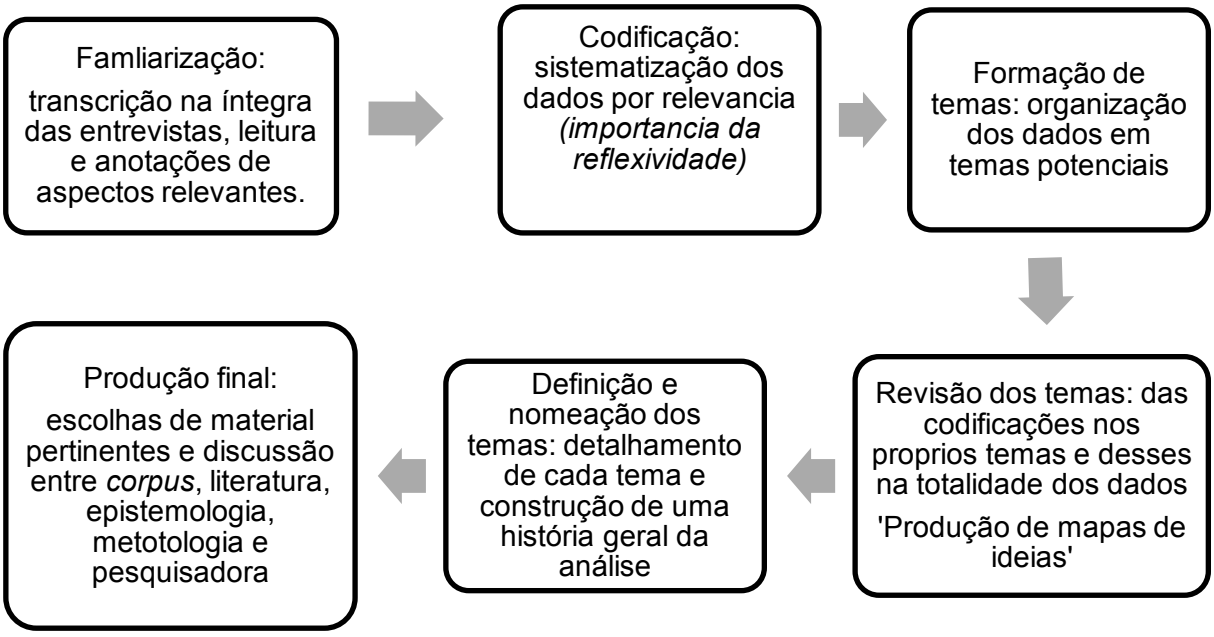

Figure 1. The steps of the thematic analysis carried out.

Ethical considerations

The study followed the ethical guidelines for research with human subjects, according to the guidelines of resolution nº 466 of December 12, 2012. The project was approved by the Research Ethics Committee of the institution (CAAE 31307414.7.0000.5407).

Results and discussion

The thematic content analysis produced three themes: Psychosocial care network and places of internation; The naturalization of internation as a care ideal; What remains after the internation.

Psychosocial care network and places of internation

In this theme, constructions were organized that indicated the TCs as places of internation. Due to the following characteristics: the participants felt 'locked up', with no freedom to come and go; because they were restricted to carrying out activities proposed by the management; and due to the comprehension, on the part of the management and other actors involved, that leaving before the determined period would be an escape attempt and not a right of the user. However, no differentiation was observed, regarding this notion of internation, between TCs and other resources of the psychosocial care network (specialized hospitals and rehabilitation clinics).

In Lucio's speech, the condition of being 'locked up' made him comprehend the different services in the same way.

> M: Didn't you mention that you had 5 inpatient treatments in hospitals and Communities, 4 were in Communities and the last one was in the hospital (psychiatric)?
>
> Lucio: It's all the same! I was interned there [...] there you are locked up!

Internation is a favored public policy for interventions with drug users. The literature highlights that this often serves as cleaning of the streets, as a form of exclusion and deprivation of freedom (Machado & Miranda, 2007). In this study, 27 inpatient treatment processes were identified in the reports of the 10 interviewees, of which 18 were described as internations in Therapeutic Communities.

Jorge reported different models of inpatient treatment, dividing them between open and closed, with TCs perceived as open places, and the psychiatric hospital described as closed.

> Jorge: Actually I did not do the treatment there, I ran away, I quit, because the right thing was for me to stay for six to nine months. My mother tried to put me in an open place, then tried to put me in a closed place, I had the two options. In the open place I could not stand to stay for 1 month, I ran away, and I went back to drugs. In the locked place I did the 3 months there, but I left and went back to drugs.

While the hospital is a healthcare resource with multiprofessional teams, and TCs are historically part of an alternative network, usually organized by religious institutions and having former users as coordinators and monitors, Jorge describes both as places of internation, differentiating them only by how he felt regarding his freedom within them. It should be noted that psychiatric hospitals that admit drug users usually have a ward assigned to them, that is, a building where users are interned, separated from other patients with mental disorders. As the hospitals understand that there may be problems with these two groups of patients getting along together, drug users end up with limited space, unable to leave the building. On the other hand, the TCs are usually on farms and users work outside in the garden (Melo & Corradi-Webster, 2016). These characteristics may have influenced the perception of the hospital as internation in a closed place and of the TC as internation in an open place. However, it can be noted that the repertoire used by Jorge when referring to leaving the TC before the determined period, was 'escape'. This repertoire shows the contradiction regarding his description of the TC as an open and voluntary internation, because if this were so, his exit would have been described as an option and not as an escape. The repertoire used to refer to the hospital, when he said "I have served the 3 months there" also draws attention. This is a repertoire used by inmates to refer to carrying out a sentence in a closed regime. It was therefore perceived that the admission to a psychiatric hospital was seen as a closed prison, where one is locked inside a building and the authorization of a superior (medical discharge) is necessary to be able to leave. According to Jorge's statement, internation in a TC could be compared to imprisonment in the semi-open regime, where activities can be performed in open spaces during the day, and there is a possibility of not returning to the institution, although this is considered to be an escape.

Both places of internation had abstinence as the objective, focusing on the external control of the people, who are considered incapable of controlling their consumption. It is often observed that this model of intervention carries with it the meaning of drugs as a

problem of the individual that must be normalized, seeking abstinence, either by oneself or by the State (Corradi-Webster, 2009). It is a model based on the prohibitionist discourse, which considers that drug consumption is harmful and dispensable, and must be curbed and criminalized by the State, including those who produce, sell and/or consume drugs (Fiore, 2012). Exclusively pro-abstinence practices are loaded with blame for the user, in which the possibility or impossibility of treatment rests solely on the individual, disregarding any other aspect of the context (Alves, 2009). It is this view that justifies the isolation of these individuals, since it is them who need to be treated to solve the problem, not considering contextual changes. This guilty perspective goes against what is proposed by the Ministry of Health when discussing the expanded clinic (Brasil, 2007a). The guidelines of this body suggest co-responsibilization of the users, without blaming or humiliating them.

The naturalization of internation as a care ideal

Internation in Therapeutic Communities was described in a naturalized way, as part of the lives of people who use drugs. There was little questioning by the users about how this occurs and about what is offered as an option, opening space for different forms of violation of rights.

Daniel reported a piece of jargon heard in the TCs about the consequences of drug use, placing the internation as the only possibility of care, faced with the prospects of death or imprisonment.

> Daniel: Because, as the staff in the community say, those who use drugs have three destinations, right: clinic, graveyard or prison. Then I thought I already went to the clinic and prison, just missing the graveyard, then it's time to stop (laughs).

Daniel's statement addresses the trajectories that are made available to drug users based on current policies and discourses. Prohibitionist policies create the illicit market for the commercialization of drugs, leading the user/seller to prison. This same policy constructs the territorial disputes, account settlements and debt collections in a context of extreme violence, which would lead the user to death (to the graveyard) (Fiore, 2012). On the other hand, the view of drug use as an internal problem of the individual places internation as the ideal form of care. This occurs mainly in relation to the poor population, who end up not having access to and/or are unaware of other care possibilities related to the issue of drug use (Fernandes & Fuzinatto, 2012). These constructions become naturalized in society and among drug users, who accept these options as being natural, without being able to question them, and feel guilty about their consumption. Fábio also reported a situation in which this can be perceived.

> Fabio: When I left the prison, as I told you, I left in 2010 and I wanted to be interned. Then my sister found on the internet a place that we had to pay 700.00 plus a food hamper. My family decided to pay for me to stay 6 months. I got there and it was a 'hellhole'. They showed one place to my mother, to my sister. Then they left, they put me inside a wagon, took more than 16km to the middle of a farm [...] and they took me to a shack, in another place (emphasis added).

It can be observed that this naturalization can also lead to abuse by the institution that hosts the user. Lucio described punishments suffered, saying that they varied according to the degree of infraction. "It was very rigid there, if I forgot the soap, I had to wash the pot.

Depending on the gravity, you dig a hole 3x3, 3 deep, they put the measuring tape in there and say 'ah, its okay, now put the earth back in'" (emphasis added).

There is also a description of the users as people who cannot decide for themselves, leading to the treatment of them in an infantilized way, based on punishments and corrections that aim to discipline them and oblige them to adopt the behavior desired by the institution. This is exemplified in Daniel's statement.

> Daniel: Punishment, today they use the term socio-educational (laughs).[...] Yeah, they say that today. For example, he rang the wake-up call and the person did not wake up, 'Ah, okay, after lunch people go to sleep and you're not going to, because you slept until later' (emphasis added).

The dissemination of internation as the only effective mode of care for the drug user has led to an increase in the number of institutions that provide this service. Many of these are called TCs, however, a number of them are not registered in FEBRACT and are not therefore officially recognized as TCs and are not inspected by public agencies. This current process is reminiscent of what has become known as the 'madness industry', where internations were seen as something profitable, and the inpatients marginalized, as people who did not need adequate space and could be left in terrible conditions (Pitta, 2011; Corradi-Webster, 2013). Accordingly, the prolongation of internation time was desirable, since it guaranteed the continuity of the income, using the suffering of the family members in practices for the commercialization of health (Couto, Lemos, & Couto, 2013). These interests run counter to the document published by the Ministry of Health (Brasil, 2004) which draws attention to the importance of human rights and focuses on treatment within the community. In this same document, users are positioned as autonomous citizens, unlike the infantilized way they are treated in these institutions of internation. However, these practices are in line with the prohibitionist model, which comprehends that the State must intervene, in order to prevent any form of drug use (Fiori, 2012).

In addition to the naturalization of internation as the only mode of care, the naturalization of what could be expected from the care in these institutions was also observed. The use of the Unique Therapeutic Project (*Projeto Terapêutico Singular* - PTS), recommended by the Ministry of Health to guide care based on the diagnosis, setting of goals, division of responsibilities and reevaluation (Brasil, 2007a) was not observed. The activities offered in the TCs were basically labor therapy and spirituality meetings. Lucas briefly recounted how these activities occurred in the two internation processes he underwent, reporting similarities and differences between them and highlighting the fact that, in his opinion, labor therapy without other moments of reflection, did not make much sense.

> Lucas: The clinic was something else, another world, compared to the first. So from this internation, I see that in the first internation there were many failures, so, in the second internation, right, the coordinators were better, the structure of the house was better, the rules were more acceptable. My first internation involved a lot of labor therapy, from Sunday to Sunday I had labor therapy, which was work, right. So, not that I did not like to work, to do something, but it was all the time like this, until Sunday, so [...] And it was just that, there wasn't any method, to keep you aware of your addiction to help deal with the drug issue, as there was in my last internation. We worked there with the 12 steps, which is from narcotics anonymous, so it was something else, totally different, the treatment was much more complete. There at the other clinic there, it seemed that they thought that working, occupying the mind with something and staying in there, would solve the problem. Whereas in this other clinic no, I already saw that it was a more personal preparation like this, had more

> psychological help even, you psychologically strengthen yourself, you deal with situations, make coping strategies, so it was on another level.

The work occupies an important social space in the process of re-socialization, conviviality and construction of subjectivities (Castel, 2000) and was highlighted by the participants as positive when technically and theoretically supported and as part of a PTS. The absence of these factors caused the activities called labor therapy to be another form of moral treatment (Amarante, 2009). As highlighted by the IPEA (2017), TCs rarely articulate the relationship of the inpatients with the labor market. They found that only 46% of registered institutions reported having qualification activities as the routines. This same study highlighted that the inpatients did not understand the reason for carrying out activities like 'raking the ground' and did not consider that this could help in life outside the institution. The Psychiatric Reform emphasized the importance of work in social reintegration, however, it has been observed that this aspect needs attention and investments and, because of the way it is being carried out, it does not prepare the users for the market and does not offer them a financial return.

As highlighted earlier, spirituality also occupies a central place in TCs, and different religious activities are part of the daily treatment routine. Lucio stated that in different internations there was a link with some religious institution and pointed out how there was no respect in relation to the user's beliefs.

> Lucio: The first one I'm talking about is Catholic. [...] The others are all mixed, they wake you up at 6 O'clock to pray the rosary, those who were evangelical had to pray the rosary as well, there was one who wasn't religious, there if you did not pray you were excluded, you would be sent away.

Most TCs are linked to some church and spiritual activity appears as a possibility for alteration and moral resignification of a life trajectory, which led them 'to the bottom of the pit', as highlighted in the previous category. Only 19% of the 85,530 inpatient vacancies offered by TCs do not have specific religious orientation, illustrating how religious institutions have approached and managed these spaces (IPEA, 2017). However, it should be emphasized that although spirituality is an important cultural aspect in our culture, it can be understood as a powerful factor for the creation of new behaviors. The lack of a guarantee of secularity can generate the imposition of beliefs and strengthen moral discourses and practices (Ribeiro & Minayo, 2015).

What remains after the internation

This theme covers how the process of leaving the TC, which should be accompanied by the continuity of treatment in the home area and by actions of social reintegration, often ends up making reinsertion difficult, collaborating for new internations. Leaving the TC has been described as being troubled, either due to the lack of preparation of those responsible for the TC, or due to the difficulties encountered in returning to the home area.

Paulo reported the loneliness he faced when he left the internation, because he could not look for his friends due to them being users and he had no other support network besides his parents.

> Paulo: So I guess later, what was lacking for me, when I left the Community, I did not find support in anyone, Mariane, I was lost in the world. You understand? I did not have anyone [...] I only had my mom and dad, and my friends that I always had.

> But my friends that I have until today, I am against nobody, they are all users, I do not do that anymore, I was without a foundation.

To remain abstinent, Paulo needed interlocutors and new situations where he would be positioned beyond the consumption of drugs. However, when he left the hospital, he encountered the same user friends and his parents, he felt lost, unable to rewrite his story. For Jorge, the birth of his son was perceived as a possibility to position himself differently, to rewrite its story through the fatherhood.

> Jorge: From that time to this I've changed a lot, after my son was born, about three years ago [...] I fight drugs every day, more at the weekend. During the week I work, pay the bills right, but Saturday afternoon arrives, then you see the whole crowd drinking, drinking, if I drink a lot I want to go after the drugs, so I cannot drink.

Leaving treatment raised a series of pathways, in which the need for a social support network was emphasized in the statements of the interviewees (family, work, friends). Outside the TC, they must confront the family readaption, reestablish themselves in the labor market, develop skills to return to environments and contexts that have not changed while they were interned and, finally, they must continue being abstinent. However, there are many challenges to going in these directions. A study of 519 crack users indicated that the family may also be an important risk factor for substance use. The results showed that many users had relatives who also consumed the drug, in addition to many conflicts in the family, making this environment stressful (Horta et al., 2014). The care extended to the family would be important, however, this is not foreseen in the actions of the TC, which promote few spaces of contact between the user with the family members and place all the responsibility for the consumption on the individual. It is also known that reintegration into the labor market is not an easy process, especially when there are stigmas that place users and former users as incapable, irresponsible and uncontrolled (Becker, 2012). This is hampered in the care offered by the TCs because there is no concern for creating a network that offers workspaces to the users who leave the internation. At the end of the expected period of internation, the users return to the territory without support, having to rebuild their networks and relationships on their own.

In Flavio's experience, the TC did not pressure him to remain interned when he revealed his desire to leave, however, they also did nothing to help him leave in a more protected way.

> Flavio: They said ‘there’s no point saying anything Flavio' I said 'no'. They already knew me [...] Then I went to live in the street, after a while I was living in the street. Because they did not even take me home, I found it very annoying. I think they should have at least talked to somebody in my family, I was already clean there. Then they left me with a bunch of plastic bags there on Avenida Costa e Silva, there with a lot of supermarket bags (emphasis added).

It can be seen that when expressing the desire to leave the internation before the term stipulated by the TC, Flavio was punished by the institution by not contacting his family and not taking him to his house. Considering that he had been abstinent for some time, the institution could have helped create the conditions for him to continue in this way. Contact with the family, referral to CAPS-ad, and guidance on self-help groups would be examples of attempts by the TC to collaborate to keep him abstinent. However, to punish him for his disobedience and to prove that he needed a longer period of internation, they left him on the street, in a place of intense sale and consumption of drugs and far from the family home.

With this, the institution did not show genuine concern for the user, letting itself be influenced by its rigidity and presenting a punitive and vindictive attitude.

Final considerations

The TCs were identified as a treatment site for the problematic use of drugs, however, undifferentiated from other network resources such as psychiatric hospitals. These results are important, since these two models (therapeutic communities and hospitals), although based on distinct discourses (religious and medical) and with diverse characteristics (for example, therapeutic communities have coordinators who are former users and focus on labor therapy while hospitals have multidisciplinary teams and include medication in the treatment), focus their treatment on internation, distancing the users from their home areas. Thus, both were understood as spaces of internation and repertoires such as 'semi-open regime', 'closed regime' and 'escape' were used to describe the treatment in these, all coming from the prison context, indicating that for those interviewed these are spaces of punishment.

Despite reports of the removal and violations of rights occurring in the TCs, they are naturalized, as if drug user deserves to be treated in this way. The descriptions of past experiences indicate positionings and comprehensions that reflect a historical and cultural construction. When they occupy a certain social place (poor, black, residents of underprivileged areas), they experience exclusion and daily violations, they are blamed for being drug users and for reaching the 'bottom of the pit'. In this way, their rights are suspended, the violation of rights and social exclusion become naturalized and this is dressed up as care/treatment. The possibilities of care provided in these spaces were also little questioned, since they focus on labor therapy and spirituality. The work, despite gaining centrality in the treatment, fails to fulfill its potential, as it does not equip users for the external market and, with this, open up possibilities for the construction of subjectivities and socialization networks, assisting them in leaving the TC. Regarding the spiritual practices, although they are considered important by users, they are also perceived as compulsory, impairing their rights.

It was also noted that Therapeutic Communities have been used to deal with issues that extrapolate problematic drug use, receiving people seeking shelter for their physical (food and safety) and social needs (homelessness, employment, family difficulties). These issues persist when leaving the internations, since there is no articulation of care in a network. The families participate very little in the treatment and, when they leave the TCs, the users find little or no support from the social network, they lack knowledge of the health network to receive continuity in the treatment, they suffer homelessness and difficulties for insertion in the labor market and have few resources to deal with everyday pressures. Much investment has been made in internation in therapeutic communities. It is suggested that quantitative studies be carried out, assessing the number of people assisted in these, the average length of internation and the number of readmissions. This information could help to demonstrate the effectiveness of this treatment, which is costly for society. Finally, attention is drawn to the fact that care within the field of drug use is highly complex, requiring investments in a support network that includes social, cultural, economic, and health issues. To consider only one mode of intervention as the solution to the problem is to disregard individual differences and the needs of people who make problematic use of drugs.

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Mariane Capellato Melo: Mariane Capellato Melo: MSc. by the Graduate Program in Psychology from the Faculty of Philosophy, Sciences and Letters of Ribeirão Preto, University of Sao Paulo. Orcid: https://orcid.org/0000-0003-4485-1002

Clarissa Mendonça Corradi-Webster: professor of the University of São Paulo (USP), Faculty of Philosophy, Sciences and Letters at Ribeirão Preto, Department of Psychology. Coordinator of LePsis (Laboratory of Teaching and Research in Psychopathology, Drugs and Society). Professor of the Graduate Program in Psychology of this department. Carries out research that focuses on the themes of mental health and psychopathology, with emphasis on the area of alcohol and other drugs. In this area, she has been studying the use of drugs by people in psychiatric treatment, the care offered to people who use problematic drugs and mental health policies. Orcid: https://orcid.org/0000-0002-3386-1267