DRUG ADDICTION: AN ATTEMPT TO RETURN TO PRIMARY PLEASURE

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1. INTRODUCTION

1.1 Presentation of the theme

The present research project has as its essential motivation, an invitation to reflect on the issue that concerns drug addiction. Through this modest contribution, we seek to identify the existential, psychological and social phenomena in individuals who are monitored in the institution of psychosocial care, in order to verify the harmful effects that chemical dependence expresses in the individual/society interaction. In this way, the data collection will aim at a holistic and comprehensive understanding of the problems that encompass the social and psychodynamic factors of this group of individuals.

1.2 Justification

The present research project is motivated by identifying the existential, psychological and social phenomena in individuals who are monitored at the institution, in order to verify the harmful effects that chemical dependence expresses in the individual/society interaction.

Shifting our gaze to the subject and not to the drug object will enable us to clarify the elements that surround the story in the singular meaning that the drug has for this subject. This exchange of roles will later help us to build and map guiding guidelines that will help from the process of recovery and reintegration of this subject into society, to the process of harm reduction, in this sense we seek to identify possible actions that minimize suffering during use, because the nature of a choice presupposes a “proper jurisdiction”, where the exercise of choice also becomes an exercise of autonomy, as this choice will belong exclusively to the subject, and a decision will be up to that individual

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countless repercussions not only on their subjective processes, but also on their entire relational network.

2 INTERNSHIP OBJECTIVES

2.1 General objective

- Provide psychology students with the opportunity to have practical experience regarding professional work at CAPS (Psychosocial Care Center);

2.2 Specific objectives

- Establish a relationship between Basic Stage IV and the other subjects of the course that allow the analysis and interpretation of the observed phenomena;
- Provide opportunities for students to be part of the community, allowing them to experience the phenomenon of observing places and people that are part of the psychosocial care network;
- Promote critical reflection among students about the work carried out by the psychologist and their professional choice;
- Develop reasoning, text interpretation, writing skills, critical sense and synthesis skills;

3 THEORETICAL FRAMEWORK

3.1 Substance abuse: A brief history

In the current contemporary scene, we are witnesses of the great visibility that has been achieved by the phenomenon of drug use, despite the current problems, it is public understanding that the use of chemical substances consists of an ancient practice, practiced by different peoples and cultures, in different historical moments and contexts. In this movement in the development of history, man has always reserved a specific place for the use of drugs, even if for very specific functions, in this way, we see that it has accompanied man's trajectory for all these years, but the fact is that, in As a result of dependence, several destructive consequences arise, of which doctors, educators, social workers and psychologists are called upon almost daily by the media to deal with this issue that

It is divided into several fields, being considered both a mental health problem and a public safety problem.

The World Health Organization (WHO) considers drug abuse to be a chronic and recurrent disease. In this sense, drug use becomes a public health problem, which cuts across social, emotional and political barriers, worrying society as a whole (ANDRETTA; OLIVEIRA, 2011).

According to the International Classification of Diseases (ICD-10), chemical dependence is characterized by the presence of a group of cognitive, behavioral and physiological symptoms, indicating that the individual continues to use a substance, despite significant problems related to it.

Based on data from the Brazilian Center for Information on Psychotropic Drugs (Cebrid, 2010), there are many factors that can motivate the use of drugs, such as: the search for pleasure, easing anxiety, tension, fears and even alleviating physical pain, and It is in this sense that drug use becomes a biopsychosocial problem.

With regard to the treatment processes for drug addicts, it appears that throughout the development of history, these users have always been treated based on a segregating and exclusionary policy in psychiatric institutions specializing in mental health, with the main goal being to achieve abstinence. Following the Psychiatric Reform in Brazil, the Ministry of Health (1992), through ordinance no. 224/1992, began an economic movement towards financing and standardizing mental health services, prioritizing outpatient treatment of multidisciplinary character, based on this structural change in services aimed at this public, guidelines and standards began to be regulated, providing support for the implementation of Psychosocial Care Centers/Centers (NAPS/ CAPS). After this structural movement, CAPS was redefined, also having the character of a care service to care for users and patients with disorders resulting from the use of chemical dependency.

3.2 Role alternation: Focus on the subject

The process of drug addiction is characterized by its strict and exclusive relationship between the subject and the drug. From an economic point of view, the drug materializes a kind of shortening of the path to pleasure. We can exemplify this process in a way analogous to a “shortcut”, which will take the subject to the same destination, but more quickly. Drug addiction definitively sets in when it gains a certain autonomy in psychic function, leading to a

very particular libidinal investment, which in turn does not happen with users who use the substance sporadically.

According to Serretti (2012), the important thing in drug addiction is the position that the subject takes in relation to the substance, so is it legal to check what the subject's position is towards the drug, and what is the position of the drug towards the subject? It is questions like these that lead us to explore the field of fixation of the drive on an object, this fixation leads us to a destiny that ends up perverting the contingent character of the drive and serves as a fundamental factor in drug addiction (SERRETTI, 2012).

From this, we must investigate what are the pre-determining factors that characterize substance abuse, as drug addiction cannot be explained only by the substance or object from which satisfaction is sought (this would make the explanation vague and reductionist), but rather, by which unconscious operation that determines the compulsion to repeat that characterizes addiction itself.

In this sense, the fields of knowledge need to be called upon to view the axis of the problem from the perspective of the subject and not the object. It is worth noting the contribution of Freud, who wrote little about drug addiction, but who brought great contributions to the understanding of the way in which man seeks to alleviate and escape his anguish through resources available to him. In the text *Civilization and its Discontents (1930)* Freud theorizes about intoxication as one of the most effective ways to buffer the existential pain felt, the author explains:

> **"**As it was imposed on us, life is too heavy, making us face suffering, disappointments and impossible undertakings. To be able to bear it, we cannot do without palliatives. There are three types: intense entertainment, which makes our misery seem less; substitutive satisfactions, which reduce it; and narcotics, which make us insensitive to it. Any of these remedies ends up being indispensable." (FREUD, 1930, p.83)

Anxiety and all symptomatic formations disappear when the toxicomaniac structure exercises its functions (SERRETTI, 2012). Intoxication, in addition to being an effective tool for removing elements that cause discomfort, it also plays a role in the field of affection for the person who uses it. In this sense, the drug is structured under a narcissistic condition for the subject.

3.3 Primary narcissism and autoerotism: A position of omnipotence

Based on the theorization of Freud's second topic (1923), at the beginning of life, the psychic apparatus operated based on the pleasure principle, without significant interruptions. The baby becomes

If he is the center of attention, everyone pleases him, makes him smile, trying to satisfy all his desires, taking care of him and feeding him. Similar to the effects of intoxication, the baby's desires are satisfied in a hallucinatory way, directly, without obstacles, with nothing to come between desire and satisfaction. According to Gurfinkel (1996), the effect triggered by intoxication, promotes to the subject a regression to previous phases of their libidinal development.

It is from the baby's absolute satisfaction that Freud (1915) describes the beginning of the psyche as a phase of primary narcissism, this process is enhanced by the baby's movement in sucking the warm, sweet milk from the mother's breast, at the same time as As the baby feeds, he also feels the excitement that the contact of the erogenous zone of the mouth exerts on the nipple. This primary pleasure remains fixed and inscribed in our psyche, it is the prototype of the feeling of pleasure.

> "If a baby could talk, he would undoubtedly say that the act of sucking the mother's breast is by far the most important act in his life. And the baby is not very wrong about this, because in this single act he is satisfying two great vital needs at once. Therefore, we are not surprised to learn, through psychoanalysis, how much psychic importance this act retains throughout life. Sucking the mother's breast is the starting point of all sexual life, the unparalleled prototype of all subsequent sexual satisfaction, to which fantasy returns many times, in times of need. This sucking means making the mother's breast the first object of the sexual instinct. I cannot give you an idea of the important relation between this first object and the choice of all subsequent objects, of the profound effects it has in their transformations and substitutions, even in the remotest regions of our sexual life." (FREUD, 1915, p.367.)

It is permissible to assume the possible existence of a narcissistic organization that originates drug addiction, the effect triggered by intoxicating agents leads the individual to a regression to previous phases of their development (GURFINKEL, 1996), thus the subject to be governed by the principle of pleasure. The search for this primary pleasure, which was inscribed in the psyche in the first years of life, is expressed in the use of drugs, in this sense, drug addiction is expressed as an attempt to return to primary pleasure, in this movement, the subject is called upon to return to the position he occupied when he was in the phase of primary narcissism. The symbiotic position with the mother provided this individual with the first contact of pleasure, and this first experience remained registered in his psyche. Regarding oral excitement, Freud (1905) warns us about the importance that this phase plays in adult life:

> "Not all children practice this sucking. It is to be assumed that those in whom the erogenous significance of the labial zone is constitutionally reinforced will do so. If this meaning persists, such children, once adults, will be avid kissers, will tend to perverse kisses or,

> if they are men, they will have a powerful reason to drink and smoke." (FREUD, 1905, p. 171)

The attempt to return to this narcissistic state, experienced in the first moments of life, becomes the goal of those who seek to dope, as from this the subject seeks to regain narcissistic omnipotence, thus not needing to deal with limits and interruptions. that external reality imposes on them (TOMÁS, 2008).

Drug use in this sense is an attempt to alter reality, but not completely exclude it, because at the same time as he rejects it, he recreates it in his fantasy. Unlike the psychotic, the drug addict generally maintains an apparent link with reality, according to Serretti (2012), seeing it another way, does not mean the radical repudiation of reality, as is done in psychosis. The inability to adapt is characterized in drug addiction and neurosis, for Freud (1924) "neurosis does not repudiate reality, it simply ignores it; psychosis repudiates it and tries to replace it."

In this way, the functioning of the drug addict is much closer to the psychic functioning of the neurotic, as both manifest attempts to escape from external reality, but an element that essentially characterizes this functioning is the attempt to internally change an intolerable psychic reality of this subject, but the What essentially differentiates the drug addict from the neurotic is that to the extent that the neurotic uses fantasy to alter his psychic reality, the drug addict uses material tools as a way of altering the chemistry of his body.

It is worth noting that autoerotism, a phase that characterizes the transition from primary narcissism, becomes the prototype of drug addiction, because unlike the subject who conquers his autonomy and independence in the external world through healthy activities, the drug addict seeks to achieve this independence auto erotically through intoxication, to clarify this idea, drug addiction must be understood as a sexual activity not in the sense of a sexual act, but rather in the sense of autoeroticism from a narcissistic position of the libido, since what the drug addict seeks is precisely not to have to make reconciliations between psychic instances, because by denying the existence of psychic conflicts, he seeks treatment for the body, a pleasure without words, which he will only find in drugs (SERRETTI, 2012).

3.4 The drug addiction clinic: Perspectives on transfers

The clinical stereotype that was constructed in the field of drug addiction, nullifies to a certain extent the power of action of transference, therefore, it is important to ask ourselves how to think about transference perspectives in the drug addiction clinic? Lacan (1960), in his seminar on transference, reinforces the transference dynamics: "I have always drawn your attention to the fact that transference, in the last instance, is the automatism of repetition." (LACAN, 1960, p. 173).

It is through transference that contact is made with the patient's psychic functioning. The psychodynamics of the drug addict patient is characterized by repetition, a priori an operationalization of a repetitive life occurs in the drug addict. Authors such as Conte (1997) and Waks (1997) theorize about a tendency present in the transference establishment: the initiation of a bond based on the dispute over the subjective place occupied by the drug. According to Da Silva (2010), this type of bond dispute will only be essential in the first phases of treatment, as remaining in this dyad relationship could be detrimental to the development of treatment.

The entry of a third party into the symbiotic relationship between the subject and the drug is not an easy task, Conte (1997) highlights that the process of entry of a third party into the dual relationship between the drug addict and the drug is complex and is established slowly, Waks (1997) appears with a strong contribution to understanding transfer:

> At the beginning of the transference bond, a kind of internal rivalry arises in the patient between the drug-itself, the analyst-drug and the drug-analyst. As the transference gains power, the analyst's drug progressively constitutes itself as a drug-analyst, gradually taking the place of the drug-itself. The bond with the product loses its libidinal intensity, opening the way for erogenous investment in the transference bond. (WAKS, 1997, p. 59).

In this sense, erogenous investment is directed towards establishing a path of bonding that is not rivalry with the drug, but rather a path that enables the establishment of what we call a transference relationship (DA SILVA, 2010).

> Even if, initially, the drug addict is unable to question his subjectivity and demands from the analyst the reestablishment of know-how about the good use of the drug (enjoyment of a part of the body deserted by the symbolic register), he will gradually be able to believe that the analyst has something to say about your suffering/bankruptcy, and it will begin to assume knowledge, thus creating the necessary conditions for the establishment of the transference. (CONTE, 1997, p. 37)”

The idealization that promotes the assumption that the analyst/therapist knows something about their suffering, is what would lead the drug addict patient to establish a transference bond, in this sense it is understood that it is this present idealization that leads to this bonding process, it can -

If we think then, that this assumption of the patient's knowledge towards the analyst is one of the last resources capable of leading the patient to question their own desire (DA SILVA, 2010).

3.5 Group psychotherapy dynamics: Difficulties and gains.

> Group therapy not only builds on the general effects of positive expectations on improvement, it also benefits as a source of hope that is unique to the group format. Therapy groups invariably contain individuals who are at different points along a continuum of coping and breakdown. Thus, each member has considerable contact with others - often individuals with similar problems - who have improved as a result of the therapy. (FREUD, 1920, p.78)

Group psychotherapy should never be characterized by a judgmental, punitive or even paternalistic policy, this therapeutic tool is a professional intervention, where one of the fundamental elements in the development of this process is objective and analytical listening, although users often At the beginning of group formation, they refer to group therapy as a "conversation circle", this is understandable, as some users have never faced a therapeutic process, and can get confused at the beginning. After building the bond, there is an atmosphere of reliability, respect and confidentiality for everything that is prepared and passed in the therapeutic process and clinical dynamics (BECHELLI, 2004).

The group technique essentially serves as an identification tool, because as the participant hears life stories that are similar to their own, it gives them the opportunity to feel important and valued, as the other person will also hear their story, according to Freud (1921):

> [...] group psychology is thus interested in the individual as a member of a race, a nation, a caste, a profession, an institution or as part of a multitude of people who have organized themselves into a group, on a specific occasion, for a defined purpose (FREUD, 1921, p. 92).

The group process is fundamentally characterized by the perspective not only of the remission of the symptom caused by dependence, but of the process that is also divided into the feasibility of providing participants with relief from painful memories, experiences lived as a result of dependence, in addition to another factor important is that the group is not limited only by the agenda of pain, but rather by an agenda of hope, where smile, grace, good memories and future perspectives are manifested, as these psychic phenomena

they help the user to face everyday life in the process of coexisting with themselves and others (DANTAS, 2018).

Based on this assumption, we raise the issue of the difficulty of these patients adhering to the treatment process, as in this sense, adhesion to treatment becomes one of the most fundamental motivational virtues that contribute to the success of the treatment. The World Health Organization (WHO) defines adherence as: "[...]*the degree to which a person's behavior - taking medication, following a dietary regimen and/or making lifestyle changes - corresponds to recommendations agreed with a healthcare provider.*There is a universal and literary consensus about the low rate of adherence by drug addicts, with many starting treatment, but few maintaining it. This fact is understandable as we understand addiction as a chronic and multicausal disease, as the user who is in the process of recovery faces several obstacles such as relapse, lapses, cycle of friendships, where few manage to remain abstaining during treatment.

In a survey carried out at CAPS AD in the state of Piauí, carried out with 227 drug addicts undergoing treatment, it was clear that 56.8% (n=129) abandoned treatment (MONTEIRO, 2011). In this sense, the problem of adherence to treatment reflects in a sphere that characterizes not only a motivational factor, but also a public health factor, it is with this intention that this theme will be linked to the analyzes observed in the institution monitored.

3.6 Public Policies: The unfinished construct

A major paradigm in the construction of public policies and treatment guidelines for chemical dependency is the organization and systematization of treatment processes for this public, as it is an extremely complex task that involves several political, financial and professional variables. According to Diehl (2018), it is possible to see that most treatment programs for chemical substance dependence are built under an empirical organization, based on the commitment and personal experience of their professionals, thus leaving a large gap between what is effective and proven by research and what is actually done in clinical practice.

According to the author, in recent decades there has been an increase in interest among researchers in the way in which the organizational context of services for addicts

chemicals is planned, enabled and executed, both in public and private sectors. The interest that supports this idea is fundamentally based on the need to establish more effective treatment methods for drug addicts, as this phenomenon has become a public health problem (DIEHL, 2018).

General planning is a fundamental step in organizing an effective service for users, and it is necessary to consider questions such as: what are the main objectives? What is the target audience that the service intends to reach? What is the feasibility of application? What are the costs involved with the activity, team? After screening the internal questions, the team is selected and organized. Working with drug addicts demands from the professional a series of criteria that go beyond technical capacity, therefore, the professional must offer the reception service, be open, tolerate frustrations, in this sense a good selection of professionals becomes essential as They will be at the forefront of future implementations (DIEHL, 2018).

It is worth noting that we emphasize the importance that from time to time the entire service can be monitored for its performance, effectiveness and quality. In this sense, it is necessary that every public social service service has at least a database service with a general profile of its patients and different protocols for structuring the activities carried out. This monitoring serves as a guiding framework for evaluating the impacts of treatment, costs, needs, quality of life and satisfaction with the service offered. Furthermore, it is essential that the reevaluation of the strategy especially when the service is implemented as a policy of public health (municipal, state or federal), whether done incisively, according to Diehl (2018) today in Brazil the earliest example that this idealization of reevaluation could be represented, is that of public assistance policy, directly at CAPS (Center for Psychosocial Care).

CAPS is today one of the main care services for people with serious mental disorders, including chemically dependent users of alcohol and drugs, integrating the Public Mental Health Policy since 2002. During the entire period of operation, there is rare information regarding critical reassessment and methodological analysis of the chosen CAPS treatment and assistance model. According to the inspection carried out by CREMESP (2010), 230 CAPs in the State of São Paulo were evaluated, following the results that point to service failures:

- 42% do not have backup for psychiatric hospitalization;
- 66.7% do not provide clinical medical care;

• 69.4% referred to a lack of professionals;

• 45.2% do not train health professional teams;

• 64.3% do not carry out technical supervision among team members;

• 30% of CAPS III (more complex) did not comply with the legislation regarding refers to continuous care for 24 hours a day;

• in 10 of the CAPS evaluated there was only one psychiatrist;

• 16.7% do not have a medical guardian;

• 66.2% of CAPS are not registered with CREMESP, which is mandatory.

(CREMESP, 2010)

From the data collection, it is more than necessary to look at public health policies, with a more holistic and comprehensive look, which requires a financial demand from public coffers, as well as an effective process of planning and selection of professionals, as a consensus on assistance guidelines will fill gaps and provide dignified adaptation to improve chemical dependency services, making it possible to serve hundreds of helpless people.

4 METHODOLOGY

4.1 Internship design

Qualitative internship with the use of analytical and observational tools, with the public of4male adults, users of a Psychosocial Care Center (CAPS), in a municipality located in the Midwest of Santa Catarina, with a total duration of 10 hours.

4.2 Internship location

The internship hours will be developed in a municipality belonging to the Midwest region of Santa Catarina. The observational and analytical process will take place within the CAPS institution, the location was delimited by the Universidade do Contestado in order to serve as an insertion of the academic into the psychological and social praxis of the community. The internship will be divided into two meetings, the first on 11/06 and the last on 11/13 accounting for 4 hours of observation and analysis.

4.3 Inclusion and exclusion factors

To carry out this internship, users who receive care from CAPS were selected, who agreed to monitor the academic with the group. These individuals are capable of understanding the objectives aligned with the proposed work, with a focus on recovering autonomy, detoxification and building bonds, with all individuals in a situation of recovery from drug addiction, being residents of the territory covered by the institution.

Among the exclusion factors, we have nursery schools, kindergartens and daycare centers, which are not part of our field of investigation. We also do not intend to work with entities that serve children and adolescents with physical or mental disabilities, such as APAE, as it is understood that they deserve specific studies. Entities that operate under a deprivation of liberty regime and those that provide shelter and operate under a boarding facility were also excluded, as we understand that they have particular dynamics.

4.4 Ethical aspects

Observations and actions will be carried out with the authorization of the person responsible for the municipal Health Department, which contains the municipality's psychosocial assistance units, including CAPS. All activities will be kept confidential, in order to protect the identity and integrity of participants and the institution.

4.5 Internship Description

An initial contact will be made with the person responsible for the Health Department, requesting authorization so that the student can carry out the internship at CAPS. With authorization in hand, the student will travel to the service unit in order to learn about the history, physical and functional structure of the place, as well as the dates for the completion of hours.

With all these situations defined, the primary conversation will be held with the psychologist responsible for leading the group and after that, the follow-up itself. On the first day, an initial presentation will be made by the students to the group's psychologist, as a way of establishing an approach to getting to know the other activities. O observational monitoring will be applied in the second meeting, after reporting the

observations, the group analysis report will be developed, with the aim of raising hypotheses regarding the psychological and social phenomena that were identified in the meetings.

5 SCHEDULE

Activities	Nov. 2020	Nov. 2020
Bibliographic research	03/11	06/11
Monitoring at CAPS	06/11	13/11
Data analysis and compilation observed	13/11	11/17
Case study socialization	11/17	
Review and Final Drafting	11/23	
Presentation	11/24	
Final Delivery	11/24	

6 PRESENTATION OF THE INSTITUTION

6.1 Brief historicization of CAPS

The first CAPS opened in Brazil was in 1986, in São Paulo, the center that would eventually welcome users with serious mental disorders and drug addicts, came to be called: Centro de Atenção Psicossocial Professor Luiz da Rocha Cerqueira, popularly known as CAPS do Brasil on Rua Itapeva (BRASIL, 2004). The II National Congress of the MTSM (Mental Health Workers Movement) adopted as its motto “For a society without mental hospitals”, following these public conference guidelines, the first federal standards regulating the implementation of daily care services came into force in the country. , and the first standards for inspection and classification of psychiatric hospitals (BRASIL, 2004). The CAPS in the city mapped for the development of Basic Stage IV, serves people with severe and persistent mental disorders and users with needs triggered by recurrent drug use, in all age groups. CAPS provides guidance from a municipal and community Health Service, which offers

daily service. The institution aims to promote a service that rescues the potential of community resources around it, ensuring that human resources are included in psychosocial care in the community. CAPS began its activities on May 26, 2003 with 11 patients and by the end of 2003, 133 patients were treated in the Program, of which 34 were discharged on request, administratively discharged or withdrew and 23 did not fit in as patients of the program, ending the year with 76 patients attending all activities, today in 2020 CAPS serves more than 1,000 users.

The structure of the institution is located in the center of the mapped city, with a space that allows it to serve users who benefit from the service. The space is rented by the city hall, and has:

- 01 Reception
- 01 Nursing/Psychiatric/Social Assistance Room
- 03 Psychological Offices
- 01 Occupational Therapy Room
- 04 Bathrooms
- 01 Kitchen
- 01 Administration Room
- 01 Salon
- 01 Garage
- 01 vegetable garden

The space operates from Monday to Friday, in the morning from 8:00 am to 11:30 am and in the afternoon from 1:00 pm to 5:00 pm. In addition to the physical structure, the team of professionals make up a multidisciplinary team that develops therapeutic projects, psychosocial rehabilitation activities, and health treatment, guidance, monitoring, among others.

6.2 Physical structure

The CAPS structure is a residential house in the mapped city center, with a small vegetable garden and garage:

Qt	Service space
1	Front desk
two	Waiting Rooms
1	Medical and nursing office
3	Psychology Rooms
1	Occupational Therapy Room
1	Administration and Social Service Room
1	Kitchen
3	Bathrooms
1	Garage
1	vegetable garden

6.3 Staff

Qt	Employees
3	Psychologists
1	Clinical Doctor
two	Psychiatrist Doctors
two	Nursing Techniques
1	Nurse
1	Occupational Therapist
two	Social Workers
1	Coordinator
1	Administrative Assistant
1	Driver
1	Caretaker

6.4 Number of patients and groups

The institution serves around 1000 users, including hospitalizations, consultations and follow-ups, in addition to carrying out work with a chemical dependency group, and the group's hours are only in the morning, the group is made up of 4 members.

6.5 Operation

The institution is open from Monday to Friday from 8:00 am to 11:30 am and from 1:30 pm to 5:00 pm. Attends the chemical dependency group every Friday morning from 9:30 am to 10:30 am.

6.6 Psychologist's role

The accompanied CAPS psychologist works with chemically dependent subjects. Service occurs both individually, in the sense of monitoring and guidance, and in group contact.

Every Friday from 9:30 am to 10:30 am, a group of drug addicts is formed in order to share their experiences and work on their existential issues that corroborate the group's atmosphere for recovery and sobriety.

The psychologist points out that groups feel the need for dialogue, but it becomes difficult to access due to their lack of adherence, coming from a pandemic moment, this becomes a determining factor in the composition and consistency of the group

Referrals of CAPS users are carried out by hospitals, health centers, schools and even the judiciary, they are characterized exclusively by the use and abuse of substances. The guidance of this professional is fundamental as it provides support and encourages individuals and families to seek an existential meaning through which they can remain sober and achieve recovery.

7 PRESENTATION AND ANALYSIS: CASE STUDY

7.1 Chemical dependency group: Resistance, adherence to treatment and its adversities

The analytical construct will be based on observations carried out in the periods of 06/11 and 13/11, with the aim of raising diagnostic hypotheses not only for the group of drug addicts, but also for the entire context in which CAPS is inserted.

CAPS is a psychosocial care service for patients with disorders resulting from the use of and dependence on psychoactive substances. According to confirmation established by the Ministry of Health (2006), this service offers daily care to patients who make harmful use of alcohol and other drugs, allowing therapeutic planning. According to the institution's psychologist, referrals are made by hospitals, health centers, schools or even the judiciary. When the patient's records arrive, the first contact is made via telephone, which is carried out by the psychologist himself. Here we find several variables that will reflect on the process of treatment adherence, such as resistance, commitment, and perceived need for help.

We will now discuss one of the fundamental obstacles in the treatment of drug addicts, which is resistance and lack of adherence. It is a common understanding that resistance in drug addicts becomes a determining and explicitly visible factor, as this element is present in most procedures that involve fundamental changes in the individual's life, according to Fontanella and Turato (2002), visualizing It is believed that most users postpone seeking treatment simply because they do not think about this possibility, denying their own condition, this is linked to the lack of perception of the need for help that this patient himself has. During the follow-up with the psychologist, he informed that the structure of the first contact can often compromise the remainder of the treatment, in the case of hospitalizations mediated by the judiciary, the professional presents himself at the user's residence together with the police, in this sense we see that the first contact could have significant repercussions throughout the treatment, during the psychologist's speech it was expressed: “imagine that the guy who is treating you is the same guy who went to your house with the police, to then take you to a treatment”, it is noted that in this passage from the psychologist an error is identified in the structure of the first contact, which can be reflected in some hypotheses such as: lack of professionals, lack of

financing and public policies to hire professionals, lack of knowledge of the therapeutic process, since in this sense the perception of the first contact will be intrinsically influencing the course of the treatment, it is legitimate to raise a resolutive hypothesis in the sense that in the first contact, the same will be carried out by a professional who will not have a direct link with the user's treatment, as according to the psychologist's perception, this first contact process can “shake” the progress of treatment adherence.

With regard to resistance, we can mention here the determinant that corroborates the overcoming of these resistance mechanisms. It is worth noting to highlight the contribution of Occhini (2006), the author highlights some action strategies to achieve this overcoming, such as the professional's ability to take resistance as an opportunity to open up to the perception of the problem, thus helping the user understand their problematic, in this sense, in addition to promoting this interaction, the psychologist can also reach a dimension in the user that is awareness, also helping to strengthen the bond. Therefore, it is worth highlighting a discursive fragment from the psychologist, when he says: “our job is to hold them responsible”, it is necessary to highlight the important difference between holding responsible and blaming, as this is a fundamental job of the professionals who are there, holding the person responsible. subject for his choices and also for their consequences, in the sense that by taking responsibility for the subject, he also creates new possibilities for action, thus promoting his autonomy for the benefit of his life.

In addition to this entire process, it is worth highlighting the importance of joining the treatment group that comes after the aforementioned claims. The group process is fundamentally characterized by the perspective not only of the remission of the symptom caused by dependence, but of the process that is also divided into the feasibility of providing participants with relief from painful memories and experiences lived as a result of dependence, in addition, another An important factor is that the group is not limited only by the agenda of pain, but rather by an agenda of hope, where smiles, grace, good memories and future perspectives are manifested, as these psychic phenomena help the user to face the day to day. day in the process of living with oneself and others. (DANTAS, 2018)

Based on this assumption, we raise the issue of the difficulty of these patients adhering to the treatment process, as in this sense, adhesion to treatment becomes one of the most fundamental motivational virtues that contribute to the success of the treatment. The World Health Organization (WHO) defines adherence as: “[...]*the degree to which a person's behavior - taking medication, following a diet and/or*

make lifestyle changes - corresponds to recommendations agreed with a healthcare provider.

There is a universal and literary consensus about the low rate of adherence by drug addicts, with many starting treatment, but few maintaining it. This fact is understandable as we understand addiction as a chronic and multicausal disease, as the user who is in the process of recovery faces several obstacles such as relapse, lapses, cycle of friendships, where few manage to remain abstaining during treatment.

In this sense, the ideas cited are linked to the treatment adherence process, as both of the days observed were corroborated by the absence and lack of adherence of users, causing the work of applying intervention tools to have huge gaps, making it difficult not to only the user's progress, but also the CAPS policy itself. Within this context, the analytical process was immensely difficult due to the lack of raw material (group observations) that came as a result of the lack of adherence to treatment, regardless of any obstacle, we cannot fail to mention here, the commitment and dedication of CAPS professionals , that even with all the social, bureaucratic and subjective gaps in this atmosphere that encompasses the public health policy for drug addicts, they still manage to provide their technical praxis, without leaving aside, a priori, their awareness and humanization in monitoring and treatment of these users, making CAPS a reference when it comes to the recovery of these users.

During the conversation with the psychologist, it was mentioned about the reception process, This resource is recommended by the humanization policy of our health system (SUS), welcoming, in addition to being a practical action, is an active process that incisively helps the process of building a relationship of trust and commitment of these professionals towards the user. Beyond the clinical scenario, welcoming means opening doors, accepting, redeeming yourself, providing, giving credit. This act implies an inclusive action, which provides this user with a structural body in which he feels part of a whole, a condition that did not exist before in the situation of dependence and the other comorbidities that this user faced, ultimately the process reception becomes one of the most relevant guidelines for this system of treatment and recovery of these users, as welcoming becomes the primary basis of an entire movement that must be made during the process that this user is inserted in the CAPS, that is , reception is a way of dealing with all the vicissitudes of users in order to be able to seek, through the health service, a way to meet their requests,

thus demanding from the professional an attitude capable of welcoming, listening and giving sufficiently adequate responses, holding them accountable, guiding them in order to provide consistency in their recovery, aiming for their progress. Referrals of CAPS users are carried out by hospitals, health centers, schools and even the judiciary, they are characterized exclusively by the use and abuse of substances, however this use is configured differently between them, but if we draw a denominator The common majority among these users will undoubtedly be the use of alcohol. According to Arthur Guerra (2010), a reference theorist in Brazil on the use of alcohol, states that alcohol is a drug that the subject can consume throughout their life, every day, without having complications, however 12% to 15% of those who they commit to using, they adopt the framework of dependence, dependence on alcoholism. In this sense, it becomes important to raise the question of why we use alcohol or other drugs?

Understanding why we use alcohol means understanding it as a symptom, a symptom that often reveals problems that we all face, social, family and subjective problems. When trying to reflect on the reasons that can lead a subject to consume some type of drug, it is important to highlight that these are not small reasons or an isolated cause, there is a set of factors that, when acting in the context in which this subject is inserted, , ends up predisposing him to the use of the substance. One of the modest hypotheses proposed in the survey of this work becomes the search for meaning and meaning in this user's life, as the subject, not finding meaning in the experiential context, will seek through the substance, an experience that will offer its supposed meaning and meaning of life, in addition, another hypothesis about the problem would be the romanticization of alcohol use, this romanticization comes from the globalized and glamorized advertising that we often find in the most varied open channels, in addition to the hedonistic heritage, which exists from a imperative of enjoyment for these subjects, almost forcing them to have pleasure, and if they don't have it, they are incomplete beings. This social symptomatology, which is built on the basis of the pleasure principle, is difficult to deal with the frustration or interdiction of one's desires. The use of alcohol in this sense becomes a tool of narcissistic omnipotence that promotes to the subject a condition of return to pleasure, and ultimately, from permanence to pleasure (at least for as long as the effect lasts). Finally, we can emphasize that the use of drugs is understood as a possible response from the subject to the malaise that is inherent to the human being both subjectively and socially, and can be an extremely useful palliative measure, but with an expiration date, as the suffering It is a sensation, and it only exists to the extent that

it is felt, and the subject, when using some type of substance, directly causes pleasurable sensations in their organism, altering their sensitivity conditions, making them insensitive to their own misfortune.

6.3 CAPS actions in patient care

In the CAPS service centers, the professional, in addition to providing group services, also provides individual services, but his main service is groups, working to include and reinsert these users into society, working with the existential phenomenology that is manifested in the meetings. .

The theoretical construction with regard to the professional had a psychoanalytic basis, however in the practice of care the psychologist opted for the behavioral approach (CBT). The professional pointed out issues that are common denominators among the institution's professionals, such as lack of material, changes in guidelines, lack of financial resources, in addition to multiple problems that go beyond the reach of the team, such as poverty, violence, unemployment, also point out structural difficulties related to physical space, as soon the institution will have to change location, this change will have an impact on the perception of space in these users and professionals due to a break in the idea that was previously directed to a dimension of residence, to a dimension now, institutionalized. Among the professional's main activities are clinical work, whether individual or in groups, screening, reception, monitoring in compulsory hospitalizations, coordination of activities, work in operative and therapeutic groups.

In this way, we see that clinical practice has a hegemonic condition in care within CAPS, despite not being the only technique, it appears to be highlighted due to its effectiveness and positive relationship with users, in addition to being a guiding practice for the service. of this professional.

7 FINAL CONSIDERATIONS

Based on the theoretical construct carried out so far, the objective was to collect qualitative data regarding the theme of care provided within CAPS. A brief history of the use of substance abuse was constructed, the importance of alternating roles, as moving the subject from the drug axis is viewing it from a holistic perspective, we also propose to raise hypotheses about the understanding of narcissism, given that the drug,

Similar to masturbation, it becomes a cult of one's own body, an attempt to return to the primary pleasure that was experienced in one's most primitive years, and which, through drugs, attempts to return to this omnipotent position, beyond the processes of transference and policies that are intrinsically linked to this social problem.

In this sense, we sought, through the observations made, to combine theory with practice, raising hypotheses about the social symptom that is drug addiction, seeking to highlight gaps in the public health system, which often have repercussions on the most varied entities that receive these public guidelines. In this way, it is necessary to continue the fight to deconstruct the stigma of mental illness and drug addiction, as the fight that has been waged against social and existential phenomena has not yet stopped, we are in constant work to improve public service, and offer welcoming and support for these users and families, in order to reintegrate them into society seeking a better quality of life for both sides, understanding this requires public investment, as we still work from an immediate policy that needs results in the At the same moment of their actions, this alternation of ideas will make us think in the long term, investing, psychoeducating and working towards the best performance of these professionals, which will ultimately have repercussions on the development and reintegration of these users, here I end with an excerpt from the music of our beloved poet and musician Belchior (1946-2017), which I believe aligns with what we have been building throughout this project regarding drug addiction, the name of the song is Alucinação which goes like this:*"I am not interested in any theory, nor in these things from the East, astral romances, my hallucination is enduring everyday life, and my delirium is experience with real things."*

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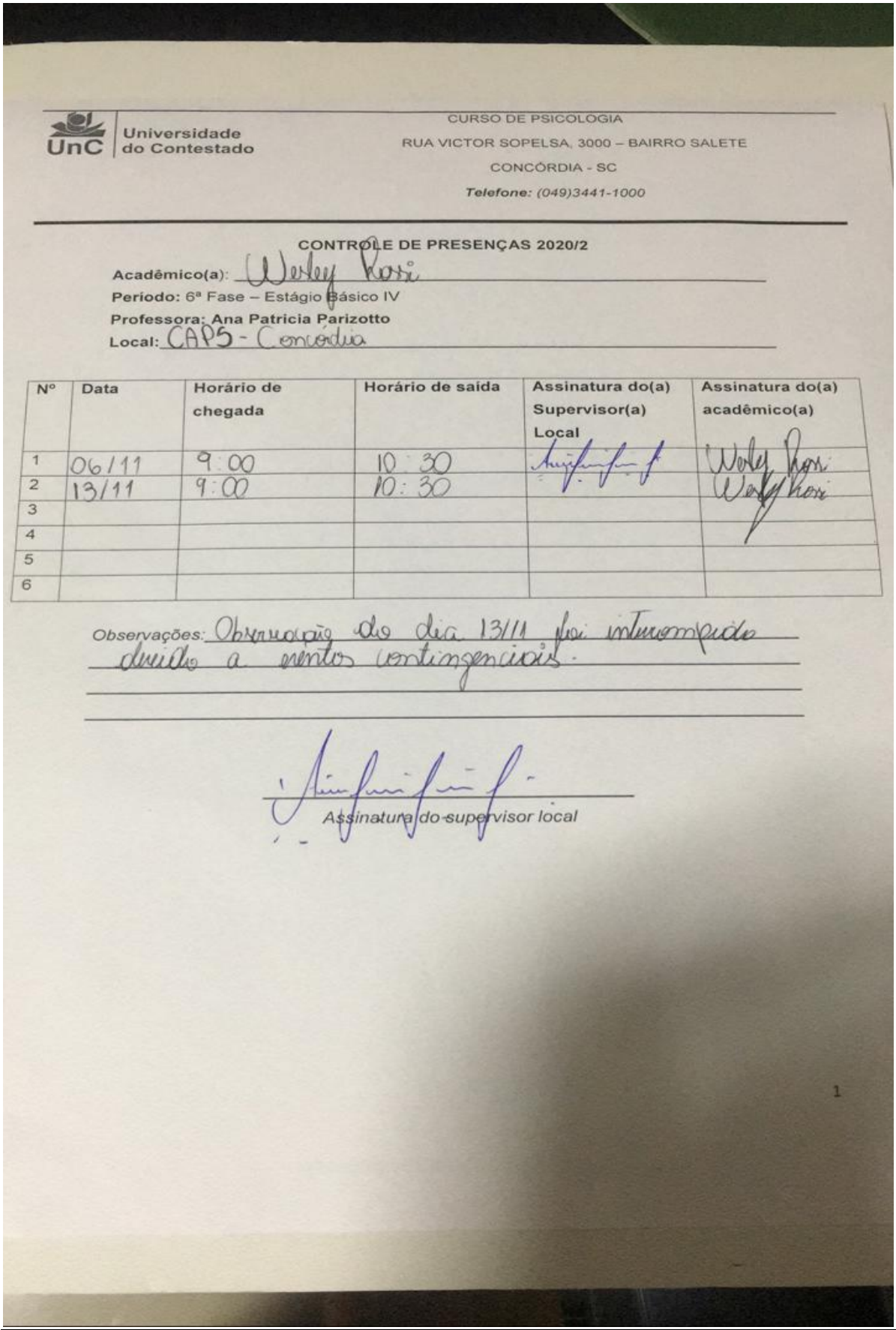
9 ATTACHMENTS



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CONTROLE DE PRESENÇAS 2020/2

Acadêmico(a): Wesley Rosi
Período: 6ª Fase – Estágio Básico IV
Professora: Ana Patricia Parizotto
Local: CAPS - Concórdia

Nº	Data	Horário de chegada	Horário de saída	Assinatura do(a) Supervisor(a) Local	Assinatura do(a) acadêmico(a)
1	06/11	9:00	10:30		Wesley Rosi
2	13/11	9:00	10:30		Wesley Rosi
3					
4					
5					
6					

Observações: Observação do dia 13/11 foi interrompida devido a ventos contingenciais.

Assinatura do supervisor local

1