

An Evaluation of the Harm Reduction Unit in Santo André City, São Paulo State, Brazil

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Abstract

The Harm Reduction Unit (HRU) in Santo André (São Paulo State) was created to improve the health of people who either live or work on the streets: drug users, commercial sex workers (male and female), men who have sex with men, sexually exploited adolescents, transsexuals, transvestites, lesbians, and women working in brothels. This project was undertaken to evaluate the HRU from the perspective of its users. A semi-structured interview was administered to nineteen users from different segments of the populations served by the unit. The major weaknesses of the HRU were felt to be its inconsistent presence in some areas and the absence of psychologists to provide follow-up care. The unit was seen as promoting better health, increased use of condoms, reduction in drug usage, increased access and use of health care services, and less sharing of equipment used in drug consumption. Users see the HRU as a sympathetic presence whose ongoing work provides them with a sense of security and protection. The impact of the HRU went beyond harm reduction; users reported transformative changes such as increased awareness of their social rights and knowledge about how those rights can be demanded. Users

had been given new tools to face their problems and seek access to education, work, and housing.

Key words: harm reduction, illegal drugs, health service evaluation, social problems

Introduction

This paper describes a health intervention focused on drug users: the Harm Reduction Unit (HRU) of Santo André city in São Paulo State, Brazil. As a health intervention, the HRU was created to improve the health status of a marginalized social group: people who either work or live on the streets and most of whom are drug users. The goals of this study were to determine what HRU users think of the unit and to evaluate its impact on their lives.

As its name implies, the HRU uses a strategy of reducing harm. This strategy took on renewed importance in the wake of the HIV/AIDS epidemic. The initial focus was on injection drug users (Mesquita & Bastos, 1994; Soares & Jacobi, 2000).

Official Brazilian policy on the comprehensive care of users of psychoactive substances led the Ministry of Health to promote Harm Reduction (HR) as an important tactic. Abstinence was not considered as the only goal of recovery and health promotion for this population.

HR is based on a collective model of health work and offers an alternative path to integrate these social groups and follow their progress. HR runs counter to international policy – particularly that of the US – which criminalizes any behavior associated with illegal substances. The policy of criminalizing drug usage has had a significant impact on the genesis and growth of drug

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trafficking and on public health actions (Karam, 2003). International experience with HR demonstrates that by not limiting its actions to users who intend to stop using drugs, the policy of HR – unlike the prohibitionist model – has facilitated greater use of the public health system by users of illegal drugs. (Brites, 1999: 44)

As Veloso, Carvalho and Santiago (2004) point out, the repressive and moralizing attitudes which have traditionally governed educational practices in the care of drug users have only served to further alienate them. They stress the need for empowering strategies within institutions; these should create democratic spaces which are both welcoming and encourage reflection. The goal is to deconstruct the countless forms of social exclusion and segregation which affect these groups.

Fonseca and Bastos (2005) also defend HR by contrasting it with more traditional coercive and authoritarian approaches. HR favors the autonomy of drug users and offers flexibility in terms of their access to health care.

HR is also seen as a major alternative in the field of drug education. Innovative strategies are being developed which seek to deconstruct prejudices and reinterpret the meaning of drug use. The dominant ideology is critiqued through discussion of the complex social elements involved in the production, distribution, and consumption of both legal and illegal psychoactive substances. (Soares & Jacobi, 2000; Soares & Campos, 2004; Acserald, 2005; Soares, Campos, Leite, & Souza, 2009)

Studies have evaluated HR programs in Brazil and Latin America (Asociación Civil El Retono, 2003; Kessler, 2005; Paes, 2002). The work of Fonseca (2005) is particularly noteworthy; the evaluation was done with the program directors of 45 of the 134 harm reduction programs (HRPs) existing in Brazil at the time of the study. A majority (60%) of interviewees described coverage by the programs as poor or average; 70% considered participation to be good, despite the fact that a considerable proportion (20%) did not

have enough syringes and injection kits to carry out HR actions.

Developing a HR health program is a complex process. As Novaes has argued, program evaluation – even when it is limited to the viewpoints of the users – requires “a clear understanding of the context of the program to be evaluated: proposals, actions, management, services, procedures, professionals, etc.” (2000, p. 552)

Santo André Harm Reduction Unit

The Santo André HRU was started in March 2002 as part of the Municipal Health Department. Its activities gradually developed on the streets, under bridges and viaducts, in abandoned factories and in erotic dance clubs; these are the places frequented by the vulnerable populations which were targeted by the program. Although these populations need assistance to satisfy their basic needs and demands, they have generally been unable to access or receive support from public social service networks, including education, legal affairs, housing, and security.

The Unit has seen more than 2000 people since opening. Almost 85% were users of some kind of legal or illegal drug. The largest group of users is composed of female sex workers, followed by drug users, transvestites, men who have sex with men (MSMs), male sex workers, lesbians, and adolescents living on the street and/or subjected to sexual exploitation.

Activities of the HRU include: prevention of infectious diseases, risk and harm reduction related to the consumption of psychoactive substances, training in leadership and social organization, facilitating access to the health care system, incorporating users as harm reduction workers, encouragement and assistance in establishing citizenship, and prevention of infectious diseases through vaccination against Hepatitis B; Tetanus and Diphtheria (Td); and Measles, Mumps and Rubella (MMR).

At the time of this evaluation, the project employed 15 professionals acting at 30 field locations spread across the municipality. The HRU

was integrated into the city's health network through partnerships with social organizations and official government programs.

Theoretical considerations

This evaluation was undertaken within the collective health theoretical framework. This made it necessary to examine the object of study within its context, to understand its history and evolution, and to bring a dialectical perspective to the analysis. (see Breilh, 1995).

Given these considerations, it is important to note that at the end of the 20th century, the key social and contextual factors influencing the development of HR practices were 1) the importance and seriousness of the HIV/AIDS epidemic (this mainly from the official world of public health) and 2) social mobilization around drug usage (this was mainly a concern for civil society). (Canoletti & Soares, 2005)

The second task involved in evaluating the Santo André HRU was to identify the common traits which united the different groups served by the program. In broad terms, the HRU served individuals whose lives were full of poverty, violence, suffering, abandonment, and fear. They sought refuge, sustenance, and a sense of belonging in occupations and practices which were the subject of stigma, prejudice, and rejection. They made their lives on the street and in the "notorious" hot spots of the urban center. They were adults and teenagers, men and women. They came from the lowest social classes, had no alternatives for employment other than prostitution and sexual exploitation, lived at no fixed address, and were rejected by most social circles.

Not only that, they had seen their incomes decrease over time. Some got into the labor market through outsourcing, others through "cooperatives", but a large number had been unable to find productive work. This "excess" population added to the ranks of hawkers or street vendors, filling the streets of the main cities with stalls selling cheap products produced under highly exploitative conditions. Others become involved in organized crime and the sale of illegal drugs,

activities which tragically cut short the lives of many young people from the periphery. As a direct result of unemployment or underemployment, restricted earnings, and regressive fiscal measures, neoliberalism had unleashed a process of impoverishment and growing polarization between rich and poor. (Laurell, 1995)

With these considerations in mind we considered the people served by the HRU as belonging to this "excess" population. They are doubly marginalized. First, they belong to a "reserve army" (of workers) which has little or no possibility of being called up by the system of production. Secondly, they earn their living through illegal activities or take part in behavior considered deviant.

Methodology

This evaluation utilized qualitative means to understand the HRU and its clients. We utilized the framework of illuminative evaluation which has previously been used to look at health education programs in the areas of illicit drugs and AIDS. (Soares & Jacobi, 2000)

The HRU undertakes a large part of its activities in the field; this is where harm reduction workers normally reach the people they care for. These are the populations which are associated with particular field sites:

- Female sex workers (either on the street or in erotic clubs)
- Drug users (abandoned factories, viaducts and bridges)
- Male sex workers
- Sexually exploited adolescents
- Young people enjoying themselves in parks, whether using drugs or not
- Lesbians who frequent parks and engage in sex work
- Men who have sex with men (MSM)
- Transvestites

The 19 participants in this study were selected because they had been associated with the HRU for at least a year. They were recruited during the normal field activities of the HRU when they were invited to volunteer for this study. Using the same

selection criteria across the various field sites, two adult (over 18 years old) representatives were chosen from each category.

Information was gathered using semi-structured interviews with a mixture of closed and open-ended questions. This allowed a variety of perspectives to be incorporated into the analysis. Participants chose the venue for the interview; these were recorded (after obtaining the consent of the interviewee) and lasted for about an hour (a duration stipulated at the outset). Interview content was analyzed based on Bardin's (1977) guidelines for the analysis of thematic content. Analysis incorporated the insights of Demartini (2001), whose stresses process in the analysis of oral discourse.

Resolution 196/96¹ guidelines were followed and the research was approved by the Research Ethics Committee of the University of São Paulo (USP) School of Nursing and the Research Ethics Committee of Santo André Council.

Results and discussion

All interviewees had a positive impression of the HRU and expressed satisfaction with its actions. Prior to their involvement with HR, they did not care for their health nor did they consider it important. Some felt ashamed to approach the health services. Others either did not think about their health or did not know how to care for it: these interviewees reported not using condoms during vaginal, anal/or oral sex. Lacking any guidance on health matters, other interviewees used condoms but not consistently; condom use was determined by the appearance of their partner.

¹Resolution 196/96 is based on the main international declarations and guidelines governing research involving human subjects. Among other provisions, the Resolution requires that all research participants should sign an informed consent after a complete and detailed explanation about the nature of the research, its objectives, methods, foreseen benefits, potential risks, and any discomfort that such research may cause.

An English version can be accessed at http://www.prefeitura.sp.gov.br/cidade/secretarias/saude/comite_de_etica/index.php?p=5951

Interviewees identified the following general changes after contact with the HRU: reduction in the consumption of alcohol and other drugs, increased vaccination against sexually transmitted diseases, greater access to condoms, greater use of health services, increased refusal to engage in unprotected sex with clients, better self-care, reduced use of shared equipment by drug users, and improved ability to make informed decisions. They also felt the program was sympathetic to them; offered a space where they would be listened to, have their questions answered and receive help and advice; and gave them a sense of safety and security. In addition, subjects valued the work for its regularity and continuity, unlike short-lived intervention projects.

The initial contact was a very special moment of integration with the harm reduction team. It was a time when information was exchanged and doubts dispelled. Interviewees could examine their own special circumstances and consider what decisions they needed to take. A certain sense of complicity and trust was established once they could see that their confidentiality was respected.

The HRU's actions were seen as reaching beyond simple health protection. By encouraging a broader transformation, interviewees became more aware of their rights, learned how to protect themselves against aggressive clients and defend themselves from abuse. They felt more mature and stable thanks to what they had learned. They reported an enhanced sense of self-respect and felt less inhibited by shame and fear to seek help.

Several weaknesses and deficiencies were noted in the operation of the HRU. These included erratic field visits and delays in returning to certain field sites. It was suggested that the harm reduction workers engage more with the users and not just limit themselves to the distribution of condoms. A number suggested that meetings take place off the street and involve the presence of a psychologist.

The benefits offered by the program were clearly valued highly by the interviewees, since they felt listened to and had easier access to various health services. Other factors users

considered important included the distribution of supplies and advice on the prevention of infectious diseases and other health issues.

Many interviewees offered clear and relevant suggestions for improving the program, not only technically, but also politically. They emphasized the needs of the most stigmatized groups and asked for more support in setting up associations. As noted by Schraiber and Mendes-Gonçalves (1996: 31) “the voices not heard almost always belong to subjects considered technically inept at speaking; this invalidates their statements when – eventually – they get to do a chance to talk.”

The interviewees had encountered difficulties accessing the city’s health services and these were clearly due to management problems. The city considers the excluded as a homogenous group and thus considers their needs as homogenous. They are simplistically, lumped into the category of “the poor”, which is the only one the dominant public health system understands. (Soares, 2007)

Care offered by City Council health services and the Psycho-Social Care Center (NAPS) was perceived as better than that provided by emergency services and hospitals. This illustrates a better realization of basic primary health care and mental health services.

Brites (1999) notes the importance of developing HR actions in response to specific situations; this runs contrary to what standard health services might consider ideal. The population seen by the HRU is often fed up with institutional and social rules which are completely unrealistic for them, such as the stipulation of abstinence as a condition for receiving treatment. These rules mean that users in need of health care have gone unattended. Health services do not accept alternatives to abstinence such as reducing the consumption of certain drugs or changing to others considered less harmful. The study by Brites (1999: 40) emphasizes the need to treat the user as a “social subject.”

This position is shared by those working in collective health, who take a broader view of HR. Understanding that drug use is a structural problem, they seek to:

- Oppose the liberalism implicit in the conception of the “new public health” which holds that individuals are born free and equal and have the freedom to take decisions. Instead they favor a position based on a Marxist analysis which understands that people are subjected to systems of exploitation. As a consequence there are inequalities in social reproduction among classes;
- Oppose the functionalist mindset that users are individual, “dysfunctional” subjects who must be corrected for the sake of the system’s equilibrium. A Marxist understanding sees drug consumption as the consequence of contradictions in the reproduction of contemporary capitalism;
- Oppose the idealization of a drug-free society and abstinent individuals by specifically analyzing the commercialization of legal or illegal drugs and honestly examining human needs for psychoactive substances;
- Underline that drug use has a history and note that the current extension of drug use runs parallel to prevailing social values emphasizing quickly acquired, individualistic short-term gain;
- Emphasize health as a social right, even for drug users. This goes against the current trend of the State/Capital/Labor machine which turns rights into commodities;
- Develop social and health practices which are not restricted to the control of illegal drugs and do not criminalize their users;
- Denounce the inequalities inherent in capitalist reproduction and promote an understanding of the roots of drug use in different social classes. (Soares, 2007, p. 130-1).

Following contact with the HRU, many of the resulting changes went beyond a simple shift in individual habits. Interviewees noted that some of their acquaintances and friends, who had also not been looking after their health, were indirectly influenced by HRU’s guidance.

Conclusions

The HRU is a tool enabling the target social group to claim their social rights and, particularly, their right to health. Users referred to HR as a facilitator, mediating between their demands on the one hand and health and social services on the other. They see themselves as citizens rather than as inferiors when they arrive at the services to which the HRU refers them. They also act as agents for social rights since they share the information they have learned, referring other people to institutions where they themselves have received services. They provided a critical evaluation of the HRU, suggesting improvements, demonstrating knowledge and familiarity with the Unit, and the confidence to criticize and make suggestions without fear of reprisal. Their bond with people in the HRU and their trust in the Unit was obvious, even as they expressed their wishes and made requests. This process contributed to developing a health service which, as pointed out by the interviewees, certainly needs improvement.

The interviewees felt that the city should take measures to guarantee the continuity of the HRU. This proposal would be an advance in terms of recruiting, retaining, and referring users and it respects the human rights of this marginalized social group.

Finally, while program evaluation is recognized by the academic community – and often by health services – it remains a field lacking in rigor with respect to both design and implementation. The opinions of program users' are valuable for understanding what they see as the program's limitations and potential, but the HRU would certainly benefit from continuous monitoring of its actions.

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