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Mapping of occupational therapy practice in the psychosocial care centers of alcohol and drugs in Sao Paulo State[1]

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Abstract: Drug use and the challenge of finding answers in assistance to the so called drug abuse is a current theme that challenges practitioners, services and managers. This study aimed to map features, practitioners and the activities carried out by occupational therapists of the Psychosocial Care Centers of Alcohol and other Drugs (*Centros de Atenção Psicossocial Álcool e Drogas* – CAPS ad) in the state of Sao Paulo, through the application of a self-report questionnaire. During data collection, 45 CAPS ad were found in the Sao Paulo countryside. Nineteen practioners cooperated with the research; 15 of them were occupational therapists. The results showed that these care centers present proposals regulated according to the guidelines of the Ministry of Health, but the complexity of the demand and its multiple facets with the social dimension require further discussion on the type of intervention that has been employed, as well as on its efficacy. Regarding the profile of the occupational therapists, most of them have at least five years of undergraduation, graduate or postgraduate degrees, and did not choose the area of mental health and drugs. The occupational therapists have different views of their actions, use different resources and strategies, especially in group activities and through workshops, and signify their practice in different ways, promoting new projects of life by joining treatment proposals from abstinence to harm reduction. We conclude that the assistance to the users of CAPS ad is extremely complex, because it involves social character themes with macro social determinants which require greater integration between sectors, areas and resources.

Keywords: *Drugs, Mental Health Services, Occupational Therapy, Institutional Practice.*

Mapeamento da atuação do terapeuta ocupacional nos Centros de Atenção Psicossocial Álcool e Drogas (CAPS ad) do interior do estado de São Paulo

Resumo: O uso de drogas e o desafio de encontrar respostas no âmbito da assistência para o chamado uso prejudicial é uma temática atual que interpela os profissionais, serviços e gestores. O presente trabalho objetivou mapear características, profissionais e atividades realizadas pelos terapeutas ocupacionais dos Centros de Atenção Psicossocial Álcool e Drogas (CAPS ad), do interior do estado de São Paulo, por meio da aplicação de um questionário autorrespondível. Durante a coleta de dados, foram encontrados 45 CAPS ad no interior paulista, sendo que 19 profissionais colaboraram com a pesquisa; desses, 15 eram terapeutas ocupacionais. Como resultado, encontrou-se que os CAPS ad apresentam propostas regulamentadas segundo as diretrizes do Ministério da Saúde, porém a complexidade da demanda e suas múltiplas facetas com a dimensão social requerem maior discussão acerca do tipo de intervenção que tem sido empregada, assim como sobre sua eficácia. Quanto ao perfil das terapeutas

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ocupacionais, em sua maioria elas possuem pelo menos cinco anos de formação, pós-graduação e não optaram pela área de saúde mental e drogas. As terapeutas ocupacionais têm uma visão diferenciada de suas ações, utilizam recursos e estratégias diversas, sobretudo em atendimentos grupais e por meio de oficinas, assim como significam suas ações de formas distintas, promovendo novos projetos de vida, filiando-se a proposições de tratamento desde a abstinência até a redução de danos. Conclui-se que a assistência aos usuários dos CAPS ad é de extrema complexidade por envolver temática de caráter social com determinantes macrossociais e que necessitam de maior integração entre setores, áreas e recursos.

Palavras-chave: *Drogas, Serviços de Saúde Mental, Terapia Ocupacional, Prática Institucional.*

It seems to be improbable that humanity, in a general way, someday be able to pass without artificial paradises. Most men and women live such a suffering life in their lows and so flat in their eminences, so poor and limited, that escape desires, the desire of overcoming, even for some small moments, are and have always been among the main soul desires
(HUXLEY, 2002, p. 27).

1. Introduction

1.2 Public health policies in brazil and drug issues

Drug seen as a "threat to society" is a contemporary social construction. Historically, substances use was associated to rituals, customs and the own collective values of different communities (BERRIDGE, 1994). Despite cultural differences regarding the use and the purpose in using psychoactive substances, they are considered as having a current function everywhere: the possibility of changing perception, mood and feelings, its acceptance depends on community characteristics, such as values and culture, and not the risk that the drug represents.

However, as proposed by Delgado (2005) and Brasil (2007), the State did not assume its responsibility towards the development of public policies to drug use. Until recently, there was a lack of consistent and regular initiatives. Authors explain that due to this lack of consistent public health policies, justice, public safety institutions, education and philanthropic and religious associations took ahead of the situation. As a result, disciplinary practices and models of care or religious nature were created and disseminated based predominantly on hospitalization and segregation with abstinence as the main goal.

According to the World Drug Report 2014 (UNITED..., 2014) there was a non-linear increase in the production and use of illegal drugs around the world. The production and the use of substances that are under international control remain largely stable, estimating that in 2012 between 162 and 324 million people (3.5% to 7.0% of the population between 15 and 64 years old) consumed at least one illicit drug once, although the trends of supply and demands of drugs have been uneven between regions and countries and between types of drugs. The rate of current customers and people who suffer disorders arising from the drug consumption or dependencies, remained stable between 16 and 39 million people.

The National Policy on Drugs of the Ministry of Justice in Brazil shows that about 5% of the Brazilian population aged 15 to 64 years old, used illicit drugs at least once in the last year, marijuana as the most consumed in the world among them[2] (BRASIL, 2011).

However, it is worth noting that alcohol is a legal drug and the most consumed in the world and considered one of the biggest problems of public health in Brazil (BRASIL, 2004a).

For this reason, it is necessary to problematize the distance between the so called fighting policies[3] and the use of licit and illicit drugs, since they are regulated from different sectors related to health and justice. Although the legal and social environment are different within the social legality and ilegality, how those involved are seen with either type of drug is very significant, exceeding the recognized effects of each substance as well as its social consequences. Suppliers of licit psychoactive substances are respected, since they are part of a formal market and therefore of the country's economy, normally seen as partners of certain policies makers. However, suppliers of illicit psychoactive substances are on the opposite side, usually seen as criminals and definitely policy makers enemies (BRASIL, 2004b), although they are also members of the national economy, but on the side of illegal actions.

Recognizing the difference in social status that the legal and illegal trade have, it is the question about the conceptual, legal, social and moral

instances necessarily articulated around the market, thus, to be able to discuss what are the real needs of subjects and society and the most effective ways of acting on them.

When looking at the differences between the legality and illegality, it is necessary to remember, "[...] this difference is meaningless if we compare the damage caused by different substances. According to WHO reports, the damage caused by alcohol much overcome, the damage caused by illegal substances [...]" (BRASIL, 2004b, p. 118).

In this debate, when entering in treatment issues and what is or not an abusive use, there is no consensus on what procedures are the best to be applied. In Brazil there is a great discussion of the financial interests around the health care for those considered drug addicts and its different care modalities (CONSELHO..., 2013). Within the mental health area, in which this discussion is present, the Psychiatric Reform has brought a new paradigm of attention and care that is consistent with a proposition outpatient services based on community and called "open door", according with the proposals of Psychosocial Care Centers (BRASIL, 2004b). However, it is important to note the current debate in Brazilian society and the government´s answers about the need for hospitalization as a first choice treatment and the application of proposals that will not meet the guidelines advocated by the psychiatric reform movement, which are supported by several ministerial orders and, more specifically, by Law 10,216 (BRASIL, 2001), which has changed the whole concept around the mental health care in Brazil.

In legal terms, Law 11.343/06 (BRASIL, 2006), known as the Drugs Act, the Mental Health Policy of the Ministry of Health is joined, through law 10.216. This document describes the general guidelines for addressing drug issue, which are: 1) prevention, 2) treatment, recovery and social reintegration, 3) reduction of social and health damage, 4) supply reduction, and 5) studies, research and evaluations (BRASIL, 2011a).

While theoretical and practical perspective, this policy is based on the principles of Harm Reduction[4], given the break with abstinence goals as the only therapeutic possibility (BRASIL, 2011a).

However, such guidelines contradict with the current proposal to combat crack, according to its own denomination, materialized by the Program "Crack, it is possible to win"[5], implemented by the federal government. In Sao Paulo, the "Resumption Program", an integrated initiative between the Judiciary and the Executive, through coordinated actions between the State Department of Health, Justice and Defense of Citizenship and Social Development, has the compulsory hospitalization as a form of treatment and guidance (SAO PAULO, 2013). Both programs bring alarming data that eventually put the crack in an emergency, which is not confirmed as a necessity of using patterns in the country. But the most serious is related to the legitimacy of the use of hospitalization, the compulsory hospitalization and other forms of social isolation as a means of care (CONSELHO..., 2013), distancing from the references of Harm Reduction, taking place in Mental Health Policies in Brazil.

The Final Report from the IV National Conference of Cross-sectoral Mental Health held in 2010, emphasizes in its article 485 that "facing the problem of use and abuse of alcohol and other drugs, requires the implementation and development in the three levels of care, of cross-sectoral public policies, in line with the guidelines of the Psychiatric Reform, of the Unified Health System (SUS), the Unified Social Assistance System (SUAS), the National Human Rights Program (NHRP) and the Comprehensive Care Program to Users Alcohol and Other Drugs" (BRASIL, 2010, p. 85). In the article 490 related to the network, the proposals is the need to ensure sustainability of harm reduction actions in the territory, strengthening intra and inter-sectoral management, among others. "Alcohol and Other Drugs Psychosocial Care Center - CAPSad must operate with harm reduction logic and promote social inclusion of its members" (BRASIL, 2010, p. 86).

2 Alcohol and Other Drugs Psychosocial Care Center (CAPSad)

When emerging Psychosocial Care Centers (CAPS), they were implemented to replace the then existing hospital-centered model for reducing hospitalizations in psychiatric hospitals, in order to change the care model. They have been officially created from the Ordinance GM No. 224/92 and are currently regulated by Ordinance No. 336/GM of February 19, 2002, integrating the Unified Health System (SUS) network (BRASIL, 2004c).

CAPS should assume the role of organizers and composing centrally health networks, both fulfilling their functions in direct assistance and regulation of the health services network, as in

the promotion of community life and autonomy of users, articulating existing resources in other networks: social and health, legal, labor unions, schools, companies, etc. They need permanently other social networks and other related sectors as a support and effective work for the social inclusion of people (BRASIL, 2004c, 2011b).

CAPS must have a properly structured space with physical resources to fully develop their functions, such as: offices for individual activities (consultations, interviews, therapies); rooms for group activities; living space; workshops; cafeteria (CAPS must be able to provide meals according to the length of stay of people in the unit); health; outdoor area for workshops, recreation and sports. CAPS can offer three different types of service, as intensive, semi-intensive and non-intensive care, with interventions: individual, group and family care, community activities and assemblies or service organization meetings (BRASIL, 2004c, 2011b).

Therapeutic workshops developed in CAPS are a major form of treatment service. They are group activities with the presence and guidance of one or more practitioners, instructors and trainees. They vary according to the interests and needs of users, with the possibility of service technicians and always aimed at greater social integration and family, carrying out productive activities, citizenship acting and the expression of feelings and problems and the development of physical skills (BRASIL, 2004c).

Recently, Ordinance number 3088/2011 (BRASIL, 2011b), specifies CAPS including those centers intended for care to alcohol and other drugs users as strategic places for the realization of Psychosocial Care Network (RAPS), which should join the network in what concerns to care for people with mental distress or disorder, and needs arising from the use of crack, alcohol and other drugs within the Unified Health System, defined as:

> CAPS AD: it serves adults or children and adolescents, considering the regulations of the Statute of Children and Adolescents, with the needs arising from the use of crack, alcohol and other drugs. Open mental health services and community character, indicated for cities or regions with a population of over seventy thousand inhabitants; CAPS AD III: it serves adults or children and adolescents, considering the regulations of the Statute of Children and Adolescents, with continuous clinical care needs. It is a service with maximum twelve beds for observation and monitoring, operating 24 hours, including holidays and weekends; indicated for cities or regions with population over two hundred thousand inhabitants (BRASIL, 2011b, p. 60).

CAPSad are meant for everyday care for alcohol and other drug users, having rest beds, with the purpose of detoxification treatment and should be based on Harm Reduction as an intervention strategy (BRASIL, 2004c). They are created for cities with more than 70,000 inhabitants, they should be open for everybody and primarily develop community actions (BRASIL, 2011b).

Used internationally and supported by the institutions responsible for the formulation of the National Policy about Drugs, the Harm Reduction strategies are a set of principles and actions to address problems related to drug use. These strategies do not assume that there must be immediate and mandatory termination of drug use (either within the society, either individually) but formulate practices reducing harm for those who use them and for social groups people live with (BRASIL, 2011a).

> The perspective of harm reduction is critical to the prohibition, but can live with it, it can be said that such alternative view does not imply a positive perception, or even free of value judgments, using psychoactive drugs. The use of these substances is perceived as "inevitable", which does not mean "desirable". Besides the effort to distinguish from advocates of more radical transformation of the legal status of psychoactive drugs, the perspective of harm reduction policies is given from a negative point of view: the concern is to minimize losses given the impossibility of a teetotal world (RODRIGUES, 2003, p.268).

The group of a CAPSad should consist of at least one psychiatrist, a nurse with Mental Health specialization, doctor (responsible for the screening, evaluation and monitoring of clinical events), four higher level practitioners from the following categories: psychologist, social worker, nurse, occupational therapist, pedagogue or other practitioner needed to therapeutic projects and, finally, six middle level professionals: nursing technician and/or assistant, administrative technician, educational technician and artisan.

3 Performance of Occupational Therapy

Demand for multidisciplinary or interdisciplinary team work of CAPSad should occur in a well structured and articulated way with the diverse

sectors involved in this issue. Among the trained practitioners to compose the staff, there are occupational therapists, who can contribute towards assumptions and presented confrontations of national policies, since traditionally they have an interdisciplinary training and work both in health, education, as well as in the social area.

Occupational therapy is directed to the real and effective opportunities to participate in social life with autonomy, based on the access to rights and social goods. From this perspective, the activities have become important elements in the deconstruction movement of an excluding and alienating logic (CASTRO et al., 2001) and the practitioner may be responsible for creation of new possibilities and new configurations of directed intervention practices to everyday life.

> The fundamental sense of the activities is to expand the living and make it more intense, never lowering it or emptying it. They enrich us, allow us to restructure the experience of consciousness ever more integrated, making broader our understanding, enhancing the feeling of life. They open an acquisition, qualifications and preventions field and can operate as strengthening factors in the empowerment process of socio-cultural inclusion. Each activity carried out gives rise to new propositions, and in that sense it is necessary to understand them as highly integrative of other fields of people´s activities (CASTRO et al., 2001, p.55).

For Tedesco (1997), in a more individualized discussion of the attention given to a person using drugs, occupational therapists can provide an organizing and reorienting support space to the subjects when they start treatment, contributing both to increasing membership and for rapid reconstruction of the reality of these people, enabling other therapeutic interventions, enablers of intervention activities.

Oliveira (2006) highlights that, among the main occupational therapeutic target in working with people using drugs, there are: - To enable symbolic and subjective expression; - To promote understanding of the problems related to the abuse of chemical substance through a focused learning in person's reality; - To encourage potential favoring the personal construction phenomenon, using different languages: plastic, body, literary etc; - To encourage improving quality of life, paying attention to reformulate habits and lifestyles; - To promote social reintegration and reconstruction of citizenship, considering fundamental to training and/or return to work, like the work co-operatives or production workshops and income generation; - To improve the relationship (family, work, society); - To act in a disciplinary context.

Karaguilla (2010) argues that Occupational Therapy composes the human being with a being able to "do", focusing on his experience. During the therapeutic and occupational process, there are possible unprecedented and creative ways of doings, aiming to provide experiences of creative impulses, then instrinsic to the relationship established in the process.

> This emerging of creative experiences specifically in occupational therapy setting facilitates to build a relationship with the world without the mediation of the psychoactive substance, then modifying the subject's relation with the dependency object (KARAGUILLA, 2010, p. 130).

Pereira and Malfitano (2012) emphasize that the understanding of the drug universe, specifically dealing with young people, will only occur from the use of approaches valuing the life history and the social location of the subject, his social class. They claim that there is a failure in clinical, statistical and epidemiological data, lacking of participatory methodologies for understanding, apprehension and intervention on the phenomenon.

It is important to point out that occupational therapy intervention should be directed not only to the individual aspect of care but to the collective and territorial aspects that work in CAPS requires, as pointed out in its principles.

4 Objectives

The general aim of this research was to map and describe the characteristics of the Psychosocial Alcohol and Other Drug Users Care Centers (CAPSad) in the state of Sao Paulo.

Description of the institution, staff and user's profile; to identify the presence of occupational therapists; and the survey of the activities, techniques, procedures and dynamic used by the occupational therapists in CAPSad are among the specific objectives.

5 Methodological procedures

The methodological procedure was to develop a questionnaire, resulted in 37 questions focusing on information of personal data, degree, characterization

of the institution or service and its staff, occupational therapist performance and service user's profiles.

First, a survey of CAPSad in the state of Sao Paulo was held, based on the data of the Ministry of Health of 2012 (BRASIL, 2012). According to this source, there were 69 CAPSad in the state, 24 only in Sao Paulo, being almost 35% of total services. There was a list generated with information of the 69 CAPSad and all of them were contacted by telephone.

There were 65 CAPSad confirmed in regular operation throughout the state. In that same contact, whether there was a presence of occupational therapists in the staff of those services was verified. There were 84 occupational therapists contracted and acting, 38 only in the city of Sao Paulo, being little more that 45% of all occupational therapists in Sao Paulo state working in this type of service.

At this time, it was decided to carry out a geographical cutout for the services concerning the interior of the state of Sao Paulo, since the city of Sao Paulo has some specific regulations creating particular situations, beyond the territorial specificities of a metropolis of its size. Thus, we sent the elaborated questionnaires only to the services in the Sao Paulo countryside.

To perform the sending of questionnaires, there was a second telephone contact so that they could send the invitation to collaborate with the research, directed to occupational therapists. As in some CAPSad there was occupational therapists on the staff, the invitation was also to the coordinators to answer the questionnaire, excluding specific questions about the role of the occupational therapist.

In all, 54 people were contacted, 46 occupational therapists working in Sao Paulo and eight coordinators of other practitioners categories. Out of them, 41 agreed to answer the questionnaire. However, only 19 (15 occupational therapists and four coordinators of services) confirmed their collaboration. A questionnaire was canceled for not being answered according to the forwarded instrument. Thus, the research had the participation of 33% of occupational therapists representatives of the entire universe of the Sao Paulo State.

It is noteworthy that all ethical procedures in research were respected and all collaborators signed the Consent and Informed Form. Only institutional information for the composition of the analyzed data was requested.

6 Results and discussion

6.1 Institution/Service

Regarding the characterizing of the operation nature, 90% of the services surveyed were public services of the municipal secretary of local health, and only two were classified as Non-Governmental Organization (NGO).

CAPSad can be classified as CAPSad with 24 hours beds (CAPS III), CAPSad without beds (CAPS I or II); CAPSad i for children and adolescents, or Clinic (BRASIL, 2011b). Ninety-five percent of services were CAPSad without beds (CAPS I or II) and only one was acted as a clinic, that is there was no any service offering beds in its treatment modality.

The running time of the services ranged from one month to sixteen years, however it was observed that 10 of them were in operation between six and nine years[6].

When asked about the age group assisted, it was found that 83% were adolescents, that is, this type of care was present in 14 CAPSad.

When asked about the main partners of CAPS-ad, responses were directed to their own health services. Thirty percent of collaborators stated that the partnership was in the health sector. Among the responses in which there are multiple items, were mental health networks (for five answers), municipal hospitals (two answers), psychiatric hospitals (five answers), first aid (one answer), advice health (one answer), basic health units/UBS (five answers) family health strategy (three answers), the health department (one answer). These data demonstrate and confirm that the drug is more seen as a public health issue rather than a broad cross-sectoral problem, which would require many other strategies, expanding partners of that equipment.

6.2 Staff's profile

Most technical staff are composed by 11 to 16 practitioners; three CAPSad had 12 practitioners on staff, two had 14 and two had 18. The smaller staff had five practitioners and the biggest had 23.

Among the practitioners working in services, the occupational therapist was in 16 CAPSad participating of this research, as well as social workers and nurses, that is, 95% of the consulted universe. Psychologists were in 100% of the staffs. It I snoteworthy that psychiatrists were found only in 75% of primary care and physicians in 59% of them.

Physical therapy, education, physical education, pharmacy, nutrition and educational psychology were also found.

Among other practitioners reported, there were nursing technicians, general services personnel and those with activity promotion function as workshop instructors, arts teacher and body therapist. It was also reported the presence of engineers, clerks, receptionists, drivers and guard heritage.

As for the remuneration of these practioners, 89% paid between 3 and 5 minimum wages, 11% were receiving between 1-2 minimum wages and 5-7 minimum wage. One place said that some practioners received more than 10 minimum salaries.

The hiring of practioners staff in 70% of services occurred through civil service examination. In 18% of the places, selection processes were carried out and 12% both modalities were applied.

Regarding monitoring way of work performed, 70% of them were conducting institutional supervision or some form of training for the staff.

6.3 User's profile

The majority profile of users who attended the CAPSad were consisted of men, according to report by 88% of the questionnaires. The lower age group was 15 years old and the largest was 55 years old, with an average of 35 years old.

Situations as low-income, low education, psychiatric and cognitive impairment, social vulnerability and lack of family structure were other information found in open answers of collaborators on the user's profile.

It is noteworthy that they are extremely important data for understanding the user's profile in services, since it demonstrates the association of different situations with the use of drugs, contributing centrally to draw action plans contributing effectively to the lives of those people.

Regarding the most commonly used drug, in which the instrument allowed multiple answers, alcohol had its biggest appearance (eight answers), followed by the use of multiple substances (six answers), crack (four answers), cocaine (three answers) and marijuana (three answers).

Among the substances responsible for dependence, alcohol again appeared as the most cited (four answers), followed by crack and cocaine (two answers each one), multiple substances/cross-dependency (one answer) and marijuana (one answer).

In the item about how users came to the service, again assuming multiple responses, 100% highlighted the spontaneous demand, followed by referrals for health services (14/17), through actions of social assistance (6/17), judiciary (6/17) and family (5/17). Other ways have been mentioned such as contact from other services, friends, work management, former patients indication, referral service educational measures (in the case of adolescents in conflict with the law) and through therapeutic communities.

6.4 Occupational Therapist's Profile

6.4.1 Occupational Therapist Degree

It was found that 57% of occupational therapists (all of them were female) working in CAPSad in Sao Paulo countryside studied in Sao Paulo public universities. Public universities cited were: (3) *Universidade Estadual Paulista "Júlio de Mesquita Filho"* (UNESP - campus Marília), (2) *Universidade de* Sao Paulo (USP - Sao Paulo campus), (2) *Universidade Federal de Sao Carlos* (UFSCar - San Carlos campus) and (1) *Universidade Federal de Sao Paulo* (UNIFESP - Baixada Santista campus). As for the private institutions of education responsible for 43% of occupational therapists degrees, there were: (2) *Pontifícia Universidade Católica de Campinas*, (1) *Centro Universitário Claretiano de Batatais,* (1) *Centro Universitário* Sao Camilo, (1) *Universidade de Sorocaba* (UNISO) and (1) *Centro Universitário Católico Salesiano Auxilium de Lins.*

Out of the 14 occupational therapists, four (29%) were undergraduated before 2000 (in 1979, 1990, 1991 and 1999), five occupational therapists (35.5%) undergraduated between the 2001 and 2007 and, with the same percentage, there were the newly formed, those with degrees from 2009.

6.4.2 Training activities and graduate

Regarding the continuity of education, 93% of occupational therapists conducted graduate courses (degree and non-degree), with the main themes as: Mental Health, Addiction, Rehabilitation, Neurology and Sensory Integration. An occupational therapist (7%) held Specialization/Improvement and also the Master degree, with the Addiction and Mental Health as the main theme. Figure 1 shows the graphic display of data.

6.4.3 Inclusion of occupational therapists in CAPSad

Fifty-seven percent of occupational therapists acting in CAPSad in the countryside of Sao Paulo entered into the service through a civil service

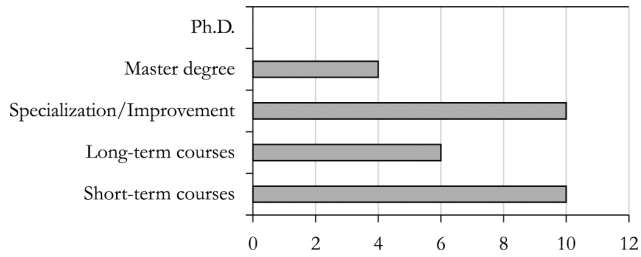

Figure 1. Training activities of occupational therapists.

examination. Among them, 50% reported not having affinity with the area of Mental Health/Addiction when assuming their positions.

Among occupational therapists who reported having affinity with the area, two (14%) reported that the interest arose since graduating, justifying the reason they are inserted in CAPSad. Others say that interest occurred when entering in CAPSad and due to previous jobs in mental health (Psychiatric Hospitals).

These data demonstrate that the realization of the civil service examination does not ensure the entrance of people with profile and affinity with the area, demonstrating the need for continuing education to invest in the improvement and often the formation of the work team.

Gallassi and Santos (2013) argue that the lack of practitioners in relation to the theme of drugs and actions from users suffering for the abuse of alcohol and other drugs is presented since graduation and it is a problem to be discussed and overcome, because it is present in the training of all practitioners categories in the health area.

6.4.4 CAPSad intervention proposal

There were 21% of the occupational therapists justifying their actions in Harm Reduction for the development of their work with the target people.

In the institutions in general, 29% of CAPSad reported using of Harm Reduction together with another technique (Cognitive-behavioral, Psychodynamic, Relapse Prevention, Complexity Theory, Social Psychology, Abstinence). However, 36% did not mention Harm Reduction as a working strategy, that is, this guideline was not cited as a focus of treatment. The Relapse Prevention as a single work action was cited by 14% of CAPSad. The Psychosocial Rehabilitation was mentioned by only one person (7%), and another 7% (one answer) have referred the combination of Psychosocial Rehabilitation with the Health Promotion and Prevention of Drug Abuse.

Here, there is an extremely important data when seeking dialogue with national mental health policy and actions in development by the location chosen as the central device of the formation of psychosocial care network: CAPS. There was a low level of reference to Harm Reduction and Psychosocial Rehabilitation, assumptions of national policy and theoretically guiding principles of services.

From the occupational therapists who completed the questionnaire, 21% had service management functions.

In 28.5% of services, the function of the occupational therapist was to perform the Individual, Group and Family Assistance/Monitoring. In 21%, besides these functions, the occupational therapist performed assistance, monitoring on territorial level, that is, beyond the institutional space.

6.4.5 Used activities and resources

When occupational therapists were asked for some examples of activities or resources they used in their daily professional practice, we obtained a significant number of such actions, and the answers were grouped into five categories below.

Groups (groups and workshops) were the most cited strategies by these participants, appearing in 93% of the answers. Examples suggested by the occupational therapistis were groups and/or host workshops, entrance, own groups of Occupational Therapy, citizenship, current events and memory. Another category in the answers was related to their own service procedures such as screening, reception, listening and active search, motivational interviewing approach, street approach, analysis and guidance of occupations and doings of users, maintaining abstinence, assemblies and monitoring of users through practioners reference. Activities in the environment outside the CAPS were also highlighted: tours of public spaces, activity in Social Center and cinema.

Body and expressive activities were mentioned such as body awareness, stretching, relaxation, ballroom dancing and theater. Other examples related to certain techniques/materials/activities were arts and crafts (four answers), thread activities (four answers), painting (three responses), games, cooking, carpentry, gardening and garden tools (twice each) and also mosaic, embroidery, stitching, recreational and cultural activities.

6.4.6 Occupational Therapists conception about the "activity"[7]

When asked about the concept of activity, the occupational therapists presented their reflections on this term, emphasizing that there are many terms used to define this strategy-action in occupational therapy (GALHEIGO, 1988; LIMA; OKUMA; PASTORE, 2013). The multiple meanings of the terms brings possible interpretations, as well as revealing the numerous epistemological boundaries among them. As stated by Medeiros (2010), the classificatory differences in occupational therapy are due to the different perspectives of analysis methods, related to changing paradigms of each historical and epistemological conception.

For half of the occupational therapists, activity is also a more broadly action, do and human praxis, based on conceptions that undertake plural directions for use, as shown in the excerpts below:

> *My conception of activity is close to the concept of praxis, that is, the understanding that it is part of human nature to be active, creative and practical, becoming a man a being capable of transforming the world and himself* (S2)
> *The activity, human doing, is what gives meaning to life, by him we can change ourselves, society. It is the human doing we build our history and are part of the history of the other* (S4).
> *Each and every doing of the individual, which can change according to variables such as age, gender, context, place etc.* (S6)
> *It is a human action. Everything we do in a more structured way in life is an activity. Thus, it is totally related to the subject's functionality* (S12).
> *Activity is the ability of human expression, broadly, individual or community* (S13).
> *Activity is any action taken by human beings, which is giving you pleasure or not* (S 14).

Some answers presented the concept of activity as a tool/means/purpose of the occupational therapist actions, such as:

> *The activity has to be a **means** by which I can understand and realize aspects of the patient and a **facilitator** for that intervention happening in context and making sense for the patient* (S2, emphasis added by us).
> *The activity is a resource that OT appropriates in order to promote the patient a new meaning to their doing* (S5)
> *It can be a **means** to achieve something, and can even be the **very purpose** /objective of the intervention. May be the very therapeutic intervention, especially in subjects unlearned doing or are not more guided by it* (S8, emphasis added by us).

Other answers were based on the perspective of activity with curative function for the rehabilitation of the subject.

> *The activity is used to rehabilitate the patient in physical, mental and social areas and develop new skills to better adapt around he lives and performs his functions* (S9)
> *The activity is a feature of everyday life of any human being, not being specific to OT. The OT wisely using it, which is inherent to anyone, as a resource to restore health* (mental, emotional, physical, social etc). (S10).

6.4.7 Objectives of Occupational Therapy in CAPSad

When occupational therapists were asked about the objectives of their work in CAPSad, they presented a wide range of options, of which we highlight those related to the creation of strategies of recovering/using activities in their daily lives:

> *Restore work, autonomy/independence; Rescue family ties; Social inclusion strategies; Develop functional potential; Recover skills; Reconstitute the everyday* (S5).
> *Recover life projects, promote recovery bonds, develop skills that can be used for future income generation* (S7).
> (Re) *integration into the labor market/school, organizational routines* (S11 and S12).
> *Orientation/preparation of family members, awareness and community orientation* (S11)

Regarding the specific objectives related to substance abuse, occupational therapists claim:

> *Provide better quality of life during the abstinence process* (S1)
> *Assist in the restructuring patients´ daily lives. Pursue new interests, new skills, and the reflection of the role of addiction in its path* (S3)
> *Primary objective: raising the reasons that trigger substance use; Secondary objective: pointing to the patient the trigger factor and help him face his reality without the use of the substance* (S6)

> *Provide experiences of new experiences and ways of dealing with situations that lead to drug use* (S7)
> *Welcome, guide, inform, advise on chemical dependency, motivate for treatment, prevent relapses* (S12)
> *Seek to facilitate a process of motivation and user self-knowledge that would enable the reduction or termination of psychoactive substances use* (S13)

In addition, the reports showed that the profession goals are also facing psychological and emotional aspects of the subject, such as *"expansion of mental, emotional and practical resources"* (S2); *"create coping strategies of feeling and emotions that will have repercussions in everyday life"* (S5); *"training for frustrations of coping* (...) *recovery or optimization of self-esteem training to frustrations of coping"* (S11).

By these statements listed above, it is observed that there is no consensus among participants on the goals of their intervention nor a common nomenclature to describe the work done. In this way, it is pointed out the need to deepen this aspect, aiming to better unveil what is being developed; as the goal of realization of social integration via occupational-therapeutic actions has been weaving those services; as well as the significant impact to users.

6.4.8 Equipment and materials offered by the institution/service

In 50% of the answers about materials offered and used in institutions[8], it was affirmed the need for improvisation, as this collaborator said: *"It is necessary to improvise because there is not enough material".*

Forty-three percent of occupational therapists considered that the equipment and materials are scarce, and the same percentage of those considered them sufficient.

Thirty-six percent of participants say getting supplies from their own resources and 29% seek donations.

6.4.9 Importance of the Occupational Therapy for people who abuse drugs

Participants were asked about their opinions on the importance of the Occupational Therapy actions with the target people. The answers about this item were similar to those reported by practioners goals such as "to promote the quality of life", develop/restore skills, abilities, autonomy and independence of the subjects, and to promote the process of social and family rehabilitation.

The search for new interests was cited as a factor to be mediated by the occupational therapist in the therapist-patient relationship established with users as well as rebuilding daily life through these relationships.

The importance of this practioners category is evident in the collected reports: *"Occupational Therapy looks at the daily sick life by alcohol and other drugs and proposes new ways of relationship with personal boundaries and substances used"* or even *"Occupational Therapy provides the realization of doings and life projects, that are broken in drug addiction".*

An occupational therapist highlights:

> *Occupational Therapy is essential. The means they use are of our own performance and reach that people easily. The language of Occupational Therapy, especially with adolescents, have much effectiveness. In addition to the means, our look at the functionality is necessary in the treatment of Chemical Dependency.*

Finally, an occupational therapist says that the profession compose a work team, bringing this perception of human activity and daily life in this space as well as his integration with reality where he lives, *"Ensuring that the CAPS can be a therapeutic space, not for exclusion".*

Thus, it is observed once again a little appropriation of practioners identity in this field and the multiplicity of answers that dialogue towards a common goal, but do not have a systematic way in that order.

6.4.10 Occupational Therapists Profile (resources/activities, conceptions)

It was observed in the universe analyzed, a significant presence of occupational therapists in the composition of CAPSad staff, with a profile of a majority (56%) formed less than five years, and 93% have sought or are in the process of continuing their education.

However, only 38% have directed to mental health with emphasis on drugs, demonstrating the need for further discussion about the possibilities of the category for conducting continuing education, available supply, costs and practicality of continuing education directed the improvement of public services offered.

An important point for the staff in general and, in particular, for occupational therapist, refers to

the national policy of Harm Reduction. A surprised number of only 21% reported justifying their interventions in this perspective, clearly presented in the documents as a reference for the work. However, this reflects a moral culture in which the ideological proposition of Harm Reduction is not socially acceptable, being logical that enhance the proposition of abstinence is the only way of treatment and mission of such services. Fourteen percent cited this strategy as the only resource used, enabling the current debate around strategies and private hospital care for people who need some kind of attention, against the use of drugs. Although this situation has not been observed in 100% of the interviewees and also 21% explicitly stated on Harm Reduction, it is necessary that the theme be placed under discussion.

Directed specifically to the resources that the occupational therapist use, the group strategy is emphasized. Ballarin (2011, p.41) points out the complexity of the work, noting "[...] many of the phenomena experienced in this context enable emergency identification processes, the exchange of experience and the continuous stimulus to the learning process." The author points out that the occupational therapy groups can take on many different shapes according to the different institutions and their contexts.

The collaborators cited also topics that need more attention emerging from their practices, such as the lack of adherence of the service users; compulsory hospitalization, identified as an element which complicate the treatment; the lack of coordination with the support network and the lack of application of the principles of the Psychiatric Reform in daily services in Mental Health field. They refer to elements of extreme importance and complexity that require further theoretical understanding to be achieved in the joint reflection with the practice toward the development of more libertarian actions in an open context and, above all, respecting the person who uses drugs as a citizen.

Thus, it is expected that the knowledge and the practice of occupational therapy together with other fields, may contribute to complex social demand around the drug, its valuation and alternative care and attention.

7 Final Considerations

Through an elaborated mapping, we observed that CAPSad in Sao Paulo countryside reported aspects in the national guideline on the operation of the service, as having minimal staff, acting in coordination with other areas available in the city and be characterized as "open door" in the system.

However, statements about the team's lack of preparation, lack of practitioners education in the field and the fact that none of these CAPSad work 24 hours, point necessary elements of action and intervention by the public area.

Another factor is that although some developers have responded over the work together with other areas of the service network, it was possible to note a concentration in health services, showing a constituency issue that it does not dialogue with its complexity and therefore with the other areas of social policy.

Even within the health area, despite the Harm Reduction as the national intervention proposal for CAPSad, it was not often mentioned among the policies that have impacted the daily services, leading us to think about the way it really has been employed, how practitioners understand such a policy, and also if the society understands and agrees with this action strategy for those using drugs.

In particular, the work of occupational therapist appears to extrapolate the health issues, which would necessarily lead to cross-sectoral dimensions, especially when the issues related to employment, income generation, study and education, appear as important action of this practitioner. Furthermore, occupational therapeutic goals are graded in human dimensions impossible to targeted, aiming resizing of life projects, promotion and production of life, also revealing challenges of macro-social nature that must be considered.

It is noteworthy the fact that no participant have mentioned the issue of drug trafficking as an influential element in this context. Although the questionnaire did not ask directly about this point, it was hoped a spontaneous response on this theme, since its complexity and inseparability with the reality of the users of those services. There is a gap about how practitioners involved in service deal with this issue in their day-to-day, or discuss of the use of drug distribution and access, primarily related to young people and residents of suburbs, declared as the largest concentration of CAPSad users.

Finally, it is highlighted the need for more studies on CAPSad, its practitioners, users and its effectiveness, since this is a service that has been understood as a strategic social action against the "problem" of drugs, theme running through different spheres, different areas and different imaginary. It is also necessary a deepening in the field of occupational therapy so

that they seek to grasp what knowledge have been achieved, and what practioners contribution to this complex universe of demands nowadays.

We hope that the services for the population using drugs can, effectively, collaborate with their lives without moral judgments, stigmatization or simplification of this important theme of contemporary society.

References

BALLARIN, M. L. G. S. Abordagens grupais. In: CAVALCANTI, A.; GALVÃO, C. *Terapia Ocupacional*: fundamentação e prática. Rio de Janeiro: Guanabara Koogan, 2011. p. 38-43.

BERRIDGE, V. Dependência: história dos conceitos e teorias. In: EDWARDS, G.; LADER, M. (Org.). *A natureza da dependência de drogas.* Porto Alegre: Artes Médicas, 1994. p. 13-34.

BRASIL. Lei nº 10.216, de 6 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. *Diário Oficial da União*, Poder Executivo, Brasília, DF, 9 abr. 2001. Disponível em: <http://www.planalto.gov.br/ccivil_03/leis/leis_2001/l10216.htm>. Acesso em: 28 jun. 2014.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. *A política do Ministério da Saúde para atenção integral a usuários de álcool e outras drogas.* Brasília, 2004a.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. *Álcool e redução de danos*: uma abordagem inovadora para países em transição. Brasília, 2004b.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. *Saúde mental no SUS*: os centros de atenção psicossocial. Brasília, 2004c.

BRASIL. Lei nº 11.343, de 23 de agosto de 2006. Institui o Sistema Nacional de Políticas Públicas sobre Drogas – Sisnad. Prescreve medidas para prevenção ao uso indevido, atenção e reinserção social de usuários e dependentes de drogas; estabelece normas para repressão à produção não autorizada e ao tráfico ilícito de drogas; define crimes e dá outras providências. *Diário Oficial da União*, Poder Executivo, Brasília, DF, 24 ago. 2006. Disponível em: <http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11343.htm>. Acesso em: 9 dez 2013.

BRASIL. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Relatório de Gestão 2003-2006. *Saúde mental no SUS*: acesso ao tratamento e mudança do modelo de atenção. Brasília, 2007.

BRASIL. Ministério da Saúde. Conselho Nacional de Saúde. Sistema Único de Saúde - SUS. Comissão Organizadora da IV Conferência Nacional de Saúde Mental Intersetorial. *Relatório Final da IV Conferência Nacional de Saúde Mental – Intersetorial, 27 de junho a 1 de julho de 2010*. Brasília, 2010.

BRASIL. Ministério da Justiça. Secretaria Nacional de Políticas sobre Drogas - SENAD. *Prevenção ao uso indevido de drogas*: capacitação para Conselheiros e Lideranças Comunitárias. Brasília, 2011a.

BRASIL. Ministério da Saúde. Portaria nº 3.088, de 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde (SUS). *Diário Oficial da União*, Poder Executivo, Brasília, DF, 2011b. Disponível em: <http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt3088_23_12_2011_rep.html>. Acesso em: 28 jun. 2014.

BRASIL. Centro Cultural do Ministério da Saúde. *Caps e outros serviços*. Brasília. Disponível em: <http://www.ccs.saude.gov.br/saudemental/capssaopaulo.php>. Acesso em: 10 fev. 2012.

BRASIL. Ministério da Justiça. Política sobre Drogas. *Caucaia, Juazeiro do Norte e Maracanaú aderem ao Programa Crack*. Brasília, 2013. Disponível em: <http://portal.mj.gov.br/main.asp?ViewID=%7BB65AD46B-7869-40ED-B5EC-1652B28565BC%7D&params=itemID=%7B9550411D-1C40-4193-B0F1-DB58DFCC2696%7D;&UIPartUID=%7B2218FAF9-5230-431C-A9E3-E780D3E67DFE%7D>. Acesso em: 9 dez. 2013.

BUCHER, R.; OLIVEIRA, S. R. M.O discurso do "combate às drogas" e suas ideologias. *Revista de Saúde Pública*, São Paulo, v. 28, n. 2, p. 137-145, 1994. http://dx.doi.org/10.1590/S0034-89101994000200008. PMid:7824847.

CASTRO, E. D.; LIMA, E. M. F. A.; BRUNELLO, M. I. B. Atividades humanas e Terapia Ocupacional. In: DE CARLO, M. M. R. P.; BARTALOTTI, C. C. *Terapia Ocupacional no Brasil*: fundamentos e perspectivas. São Paulo: Plexus, 2001. p. 41-59.

CONSELHO FEDERAL DE PSICOLOGIA - CFP. *Nem comunidades, nem terapêuticas*. Brasília. Disponível em: <http://site.cfp.org.br/nem-comunidades-nem-terapeuticas/>. Acesso em: 16 maio 2013.

DELGADO, P. G. Drogas: o desafio da saúde pública. In: ACSELRAD, G. (Org.). *Avessos do prazer*: drogas, AIDS e direitos humanos. Rio de Janeiro: Fiocruz, 2005. p. 165-181.

GALHEIGO, S. *Terapia Ocupacional*: a produção do conhecimento e o cotidiano da prática sob o poder disciplinar: em busca de um depoimento coletivo. 1988. 84 f. Dissertação (Mestrado em Educação)-Universidade Estadual de Campinas, Campinas, 1988.

GALLASSI, A. D.; SANTOS, V. O abuso de drogas: desafios e opções para a prática do profissional de saúde

no Brasil. *Revista Brasília Médica*, Brasília, v. 50, n. 1, p. 51-57, 2013.

HUXLEY, A. *As portas da percepção*: céu e inferno. São Paulo: Globo, 2002.

INTERNATIONAL HARM REDUCTION ASSOCIATION - IHRA. *O que é redução de danos?* Uma posição oficial da Associação Internacional de Redução de Danos (IHRA). London, 2010. Disponível em: <http://www.ihra.net/files/2010/06/01/Briefing_what_is_HR_Portuguese.pdf>. Acesso em: 9 dez. 2013.

KARAGUILLA, M. *A experiência criativa no tratamento de dependentes de substâncias psicoativas*: a intervenção da Terapia Ocupacional. 2010. 183 f. Dissertação (Mestrado em Ciências)-Universidade Federal de São Paulo, São Paulo, 2010.

LIMA, E. M. F. A.; OKUMA, D. G.; PASTORE, M. N.Atividade, ação, fazer e ocupação: a discussão dos termos na terapia ocupacional brasileira.*Cadernos de Terapia Ocupacional da UFSCar*, São Carlos, v. 21, n. 2, p. 243-254, 2013. http://dx.doi.org/10.4322/cto.2013.026.

MEDEIROS, M. H. R. *Terapia Ocupacional*: um enfoque epistemológico e social. 1ª reimp. São Carlos: EdUFSCar, 2010.

OLIVEIRA, Y. A clínica terapêtica ocupacional com usuários de substâncias psicoativas: o desafio da práxis. *Revista Brasileira em Promoção da Saúde*, Fortaleza, v. 19, n. 4, p. 229-233, 2006. http://dx.doi.org/10.5020/18061230.2006.p229.

PEREIRA, P. E.; MALFITANO, A. P. S. Percursos Metodológicos para a Apreensão de Universos de Adolescentes e Jovens: um enfoque sobre a questão das drogas. *Revista Brasileira de Crescimento e Desenvolvimento Humano*, São Paulo, v. 22, n. 3, p. 334-340, 2012.

RODRIGUES, T. Política de drogas e a lógica dos danos. *Revista Verve*, São Paulo, n. 3, p. 257-277, 2003. Disponível em: <http://revistas.pucsp.br/index.php/verve/article/viewFile/4947/3495>. Acesso em: 25 nov. 2012.

SÃO PAULO (Estado). Secretaria de Saúde. Secretaria de Desenvolvimento Social. Secretaria de Justiça. *Programa Recomeço*: Programa Estadual de enfrentamento ao crack. São Paulo. Disponível em: <http://www.saude.sp.gov.br/resources/ces/homepage/destaques/pleno-227/programa_recomeco_para_publicacao.pdf>. Acesso em: 3 out. 2014.

TEDESCO, S. Terapia Ocupacional: produzindo uma clínica de atenção às dependências. *Revista do CETO*, São Paulo, v. 2, n. 2, p. 16-19, 1997.

UNITED NATIONS OFFICE ON DRUGS AND CRIME - UNODC. *World Drug Report 2013*. Vienna, 2013. (United Nations Publication, Sales n. E.13.XI.6). Disponível em: <http://www.unodc.org/unodc/secured/wdr/wdr2013/World_Drug_Report_2013.pdf>. Acesso em: 9 dez. 2013.

UNITED NATIONS OFFICE ON DRUGS AND CRIME - UNODC. *World Drug Report 2014*. Vienna, 2014. Disponível em: <http://www.unodc.org/wdr2014/>. Acesso em: 2 out. 2014.

Author's Contributions

Carla Regina Silva and Ana Paula Serrata Malfitano were responsible for supervising the study and analyses done. Caroline Santos and Juliana Nogueira were responsible for data collection and analysis. All authors approved the final text version.

Notas

[1] This article is the result of the Undergraduate Course Conclusion Dissertation in Occupational Therapy, by the Universidade Federal de São Carlos (UFSCar), Caroline Santos and Juliana Nogueira. All ehtic procedures were respected.

[2] According to the World Drug Report (UNITED..., 2013), the use of cocaine has increased significantly in Brazil, estimating as 1.75% of use in the general population. The use of cannabis in South America is the highest (5.7%) in the Americas, while the use of opioids (0.3%) and Ecstasy (0.1%) remain well below the global average. The report also shows the increasing use of New Psychoactive Substances including ketamine and herbal plants substances, followed by piperazines, synthetic cathinones, phenylethylamines and synthetic cannabinoids in a lesser extent.

[3] The word combat used in the text refers to the widely expression used in different social areas, such as political and media when referring to actions against the use of legal and illegal substances in the country. Bucher and Oliveira (1994, p. 137) confirm it when they say that this ideology is disciplinarian, condemnatory, alarmist and repressive since "[...] the blindness of repressive radical position brings more problems than benefits by giving priority to a one-dimensional view, inappropriate for the treatment of the phenomenon in all its complexity".

[4] The International Harm Reduction Association defines Harm Reduction as a set of policies and practices aiming at reducing harms associated to psychoactive drug use among people who are unable or unwilling to stop using drugs. As defining features, harm reduction focuses on harm prevention, rather than drug use prevention, and focuses on those who continue to use drugs (INTERNATIONAL..., 2013).

[5] A program created by the Federal Government in 2012, in order to prevent use and promote total care to crack users, as well as fight drug trafficking. It aims at improving treatment services and general care to users and their families, reducing the offer of illicit drugs by fighting drug trafficking and criminal organizations, and promoting education, awareness and capability actions. So far as June 2013, 66 Brazilian cities had already joined the program (BRASIL, 2013).

[6] Data collection was carried in the first semester of 2012.

[7] Since one occupational therapist did not reply to this item, 13 answers have been considered.

[8] See below the options given in the survey, in relation to equipment and material offered by the institution/service for the practice of occupational therapy: a. are high quality; b. there is enough; c. there is too few; d. one must improvise since there is not enough material; e. I can usually get donations; f. I bring material from home; g. there is good variety of material; h. there is enough variety of material; and i. there is little variety of material.