DOI: http://10.18315/argumentum.v12i2.29064

ARGUMENTUM

ARTIGO

Therapeutic Communities and the (re)emergence of asylums in Rio de Janeiro

Comunidades terapêuticas e a (re)manicomialização na cidade do Rio de Janeiro

Rachel Gouveia PASSOS*
http://orcid.org/0000-0003-2267-0200

Giulia de Castro Lopes de ARAUJO**
https://orcid.org/0000-0002-8656-1065

Tathiana Meyre da Silva GOMES***
https://orcid.org/0000-0002-2777-0561

Jessica Souza de FARIAS****
https://orcid.org/0000-0001-8827-9736

Abstract: Currently, actions directed toward those who abuse alcohol and other drugs are applied from a moralising perspective. One that blames the individual and, as a solution, demands the control of the body from a religious standpoint, associating mental healthcare with self-control and faith. This article aims to relate increases in financial incentives for therapeutic communities to the recent history of the situation and questions the implications for the implementation of the National Policy on Mental Health, Alcohol and Drugs in the municipality of Rio de Janeiro, from 2017 onwards.
Keywords: Therapeutic Communities. Drugs. Mental health.

Resumo: Na atual conjuntura, as ações direcionadas às pessoas que fazem uso prejudicial de álcool e outras drogas estão baseadas em uma visão moralizante que culpabiliza o indivíduo e impõe como solução o controle dos corpos a partir de uma base religiosa, associando o cuidado em saúde mental exclusivamente ao autocontrole e à fé. Nesse caminho, o presente artigo objetiva relacionar o aumento do incentivo financeiro das comunidades terapêuticas à conjuntura recente e problematizar suas implicações

* Social Worker. Post-doctorate in Social Service and Social Policy from the Federal University of São Paulo (UNIFESP). Adjunct Professor at the School of Social Service at the Federal University of Rio de Janeiro (UFRJ, Rio de Janeiro, Brazil). Av. Pasteur, 250, Urca, Rio de Janeiro (RJ). CEP: 22290-240. E-mail: rachel.gouveia@gmail.com

** Student at the School of Social Work at the Federal University of Rio de Janeiro (UFRJ, Rio de Janeiro, Brazil). Av. Pasteur, 250, Urca, Rio de Janeiro (RJ), CEP: 22290-240. E-mail: giuliaclaraujo@gmail.com

*** Social Worker. Post-doctoral student in Social Work at the Federal University of Rio de Janeiro (UFRJ). Adjunct Professor at the School of Social Service and Collaborator on the Postgraduate Programme in Social Service and Regional Development at the Federal Fluminense University (UFF). R. Alexandre Moura, 8, São Domingos, Niterói (RJ), CEP: 24210-200. E-mail: tathianagomes@id.uff.br

**** Student of the Social Service Course at the Federal Rural University of Rio de Janeiro (UFRRJ, Seropédica, Brazil). BR-465, Km 7 Seropédica-Rio de Janeiro. CEP: 23.897-000. Scholarship from the FAPERJ Scientific Initiation Programme. E-mail: jfarias.seso@gmail.com

para a implementação da Política Nacional de Saúde Mental, Álcool e Drogas no município do Rio de Janeiro, em especial a partir do ano de 2017.
Palavras-chave: Comunidades Terapêuticas. Drogas. Saúde Mental.

Submitted on: 23/3/2020. Accepted on: 13/5/2020.

Introduction

"The winds blow into the past".
Paulo Amarante

On July 28th, 2019, in Rio de Janeiro, two people died, and four others were injured after being stabbed by a homeless man in the city's South Zone. According to the report on the G1 website (TORRES, 2019), the man violently approached a car that was stopped at the traffic light. Following widespread discussion on diverse communication channels, this incident led the Rio de Janeiro City Hall to publish a decree authorising the compulsory internment of homeless people using harmful psychoactive substances.

This decree should not be viewed as an isolated occurrence. In June 2019, President Jair Bolsonaro sanctioned Law 13,840 / 2019 (BRAZIL, 2019c), which provides for the involuntary hospitalisation, without judicial authorisation, of those using harmful psychoactive substances (SPA). Through this law, hospitalisation started to be implemented by health or social care policy professionals. In our assessment, this legislation aims to strengthen hospitalisation as a central treatment model and toughen national anti-drug policy. As a result, there tends to be an even greater growth of institutions known as therapeutic communities (TCs).

It is clear that actions directed towards the homeless population and drug users in the city of Rio de Janeiro are not disconnected from the current Federal Government project. By strengthening therapeutic communities - as an official component of the Psychosocial Care Network charged with implementing the National Policy on Mental Health, Alcohol and Drugs - a policy has been established for the extermination of blacks, the poor, the slums, and the peripheral, as it is this population which ends up being directly affected, regardless of whether these actions are executed by the State's criminal, curative or assistance arm.

To shed light on these issues, this article presents some elements that characterise the growth of therapeutic communities in Brazil between 2017 and 2020 that stem from changes in the Mental Health, Alcohol and other Drugs Policy and their current form in the city of Rio de Janeiro. It highlights the main changes in legislation and the financial resources made available to these institutions. The article is the product of the authors' research on the theme, based on interinstitutional research aimed at understanding the growth of therapeutic communities in the city of Rio de Janeiro and in the Lower Fluminense Region[1].

[1] This article brings together two pieces of scientific initiation research linked to UFRJ, UFF and UFRRJ, one of which is already financed by FAPERJ and is entitled *Políticas de Drogas e as Comunidades Terapêuticas na Baixada Fluminense do Rio de Janeiro* (Drug Policy and Therapeutic Communities in the Baixada Fluminense of Rio de Janeiro), and the other has already been approved for funding by the same funding agency.

1 What are therapeutic communities?

The literature on the subject, albeit with some divergence, points to three post-World War II experiments which should be considered as fundamental to the understanding of the emergence of TCs: (a) American experiments - in Minnesota, at the Hazelden Clinic, in 1948 and in New York, at the Daytop Village Clinic, in 1963. In general, the American experiments were marked by a more rigorous approach whose attention was focused on drug users, through a "[...] model of individual moral reform [...]" (CAVALCANTE, 2019, p. 246) and (b) the English experiment, by Maxwell Jones, focused on the treatment of mental disorders during that country's psychiatric reform (JONES, 1972).

Its origins in Europe date back to the 1950s, having been influenced by experiments supported by William Tuke's moral treatment methodology at the beginning of the 19th century (BORTHWICK et al., 2009). The English experience of the Therapeutic Community emerged in the post-World War II period, more precisely in the late 1950s, with Maxwell Jones as its most important exponent. Therapeutic communities developed from the work done by English psychiatrists at Northfield Hospital, with soldiers affected by mental disorders. The account of this experiment was published in 1946 in the *Bulletin of the Menninger clinic* (BASAGLIA et al., 1994)

One of the main objectives of this experiment was to transform the hospital into a healing space. This would be possible by promoting the involvement of the entire staff of the hospital, from doctors to the cleaning and support team, and including the family (BASAGLIA et al., 1994)

Regarding families, it was the Therapeutic Community experiments that made possible the inclusion and appreciation of the family in the treatment. This move towards to the users' reality was possible because, in the context of the time, as the Therapeutic Community were deciding the measures that determined the living conditions of those institutionalised, society began to condemn the measures being determined for them (GOMES, 2006).

According to De Leon (2003), Maxwell Jones's TC proposal was based on the acceptance, control and tolerance of behaviours considered deviant, in an environment of mutual support, focused on democratising access and institutional opportunities. A highlight was the centrality of actions directed at social and employment reintegration, using educational techniques and psychological pressure, in addition to vertical relations between staff and users.

Under its original guidelines, it could be said that the essential characteristic of this experiment is the exploitation, for therapeutic purposes, of all the available resources of the institution. This characteristic being the most important in distinguishing TCs from other institutions with similar perspectives (JONES, 1972). For Jones (1972), the Therapeutic Community consists of a staff team, users, and family members, so distinguishing itself from the organisational perspective of traditional psychiatric hospitals (GOMES, 2006).

According to Cavalcante (2019), the experience of TCs developed in Brazil, starting in the 1970s, seem closer to the American experience, with their strong focus on moral reform, associated with the fact that in Brazil they attract significant religious influence, revisiting the basic elements of moral treatment present in traditional psychiatry.

Among aspects to be highlighted, attention is drawn to the fact that treatment in these institutions implies, in most cases, the acceptance by the user and his family of the religious base of the institution. It is believed that the relationship between the strongly moral and religious basis used in the treatment in some of these institutions and the potential violation of civil rights needs to be the subject of other studies and research for a better understanding.

Therapeutic Communities in Brazil are institutions regulated by law and form a part of the country's public drug policy. They are formally included in the Psychosocial Care Network (RAPS), receiving public funding for their operation. According to the resolution of the National Drug Policy Council (CONAD) 01/2015, Therapeutic Communities are:

> The entities that reach out to and receive people with problems associated with the harmful use of or dependence on psychoactive substances, Therapeutic Communities, are legal not-for-profit entities which have the following characteristics: I - voluntary adherence and residence, formalised in writing, understood as a transitory step for the social, family and economic reintegration of the user; II – a residential environment, of a transitory nature, conducive to the formation of bonds, coexisting with peers; III – an outreach programme; IV - offering of activities predicted in the entity's outreach programme, as provided in art. 12 of this Resolution; V - promotion of personal development, focused on welcoming people in situations of vulnerability with problems associated with the abuse of or dependence on psychoactive substances (BRASIL, 2015, not paginated).

To understand the particularities that characterise the recent functioning of TCs in Brazil, two documents are essential: the Technical Profile Note on Brazilian Therapeutic Communities, published in 2017, by the Institute of Applied Economic Research (Instituto De Pesquisa Econômica Aplicada) (IPEA) and the Report of the National Inspection of Therapeutic Communities, published in 2018, by the Federal Council of Psychology (FCP).

The research that supported the Technical Profile Note on Brazilian Therapeutic Communities (INSTITUTO DE PESQUISA ECONÔMICA APPLICADA, 2017) had two stages. The first, quantitative stage, consisted of a questionnaire carried out in 500 of the 2,000 registered institutions, completed by their managers. The second, qualitative stage, consisted of field observation in ten TCs in different regions of the country. The Report of the National Inspection in Therapeutic Communities is the result of an inspection carried out by the FCP in 28 TCs in different regions of the country.

For the IPEA (2017), these institutions can be understood as:

> Temporary collective residences for those with problematic drugs use, who remain there for a certain time, isolated from their previous social relationships,

> with the purpose of permanently renouncing the use of drugs and adopting new lifestyles, based on abstinence from psychoactive substances. During their stay in the TCs, these people undergo a disciplined routine, which includes work activities and spiritual and/or religious practices, in addition to psychological therapies, and group meetings for mutual help, among others activities, depending on the financial and human resources available to each TC.
> (Institute of Applied Economic Research, 2017, p. 8).

According to data from IPEA (2017), religion is very present in TCs. Of the 83,530 spaces in the institutions analysed, 40,793 were Christian (34,277 Pentecostal, 4,386 mission and 2,130 others), 21,461 Catholics, 5,327 belonged to other religions not mentioned in the document, while only 15,918 said they were not religious. The document also points out that, even in institutions not linked to any specific religion, the spiritual aspect is strongly present, as if the recovery of individuals depended on something somehow divine[2].

In addition, treatment offered at these institutions is based on work, discipline, and spirituality. In addition to therapies and medication - an issue that we will deal with later - these three elements are understood as fundamental for the recovery of drug users. This is present in all TCs, to a greater or lesser extent. Let us take each one individually.

Occupational therapy, a common practice in TCs, violates the principles of law 10,216/2001 (BRASIL, 2001). The Federal Psychology Council (2018) identified that, in these institutions, work is used in an unpaid, unhealthy manner, without any labour guarantees, sometimes presenting evidence of work analogous to slavery. The main work demands, according to the document, are for cleaning, food preparation, building maintenance, surveillance and in some cases even control and dispensing medications, activities that should be carried out by paid staff. It is noticeable that, in these cases, the service users' work is used to replace the hiring of professionals. The document also reports the presence of admonishment and punishment in cases of a refusal to work.

In addition to state-funded institutions, there are also private institutions, some of these receive funding from churches in the region and others charge monthly fees to users (MAISANO, 2014). This information raises a question: what is preventing TCs from hiring professionals to provide a minimum technical team, including to properly provide care to users, given that some TCs accept involuntary and compulsory hospitalisations? One of the arguments frequently used by institutions, including those that receive public funds, refers to the need for users to contribute to the maintenance of the institutional space.

From the Federal Council of Psychology analysis (2018), we can infer the moral assumption upon which the treatment at most TCs is based: discipline comes from work. Among the sites inspected, the FCP identified 16 institutions that employ admonishment and punishment for ill-disciplined service users. Among such punishments, the following stand out: the performance of repetitive tasks, greater workload, physical violence, sleep and food deprivation and the use of restraint (with straps and

[2] For further Reading, see Vasconcelos (2019).

medication). In Brazilian legislation, all these elements are characterised as torture and violate the principles of law 10,216/2001 (BRASIL, 2001).

Spirituality is embedded in the religious matrix of most TCs. Of the 28 TCs inspected, only 4 did not commit violations of religious freedom (CONSELHO FEDERAL DE PSICOLOGIA, 2018). According to Targino (2017a, 2017b), many of these institutions, especially Pentecostal institutions, operate based on the belief that the harmful use of alcohol and other drugs is a sin and only religion can free someone from this evil.

Furthermore, other rights violations are identified as being common practice in these institutions. We highlight here the character of the institution, involuntary and compulsory hospitalisations, the absence of individual therapeutic plans - fundamental in mental health care, and in treating alcohol, and other drug abuse -, absence of deinstitutionalisation protocols, and excessive hospitalisation time.

The TCs are presented as being institutions with *open doors*, that is, the patient can leave at will. However, the true working methods are different. In addition to many of these institutions being in regions far from large centres, sometimes in rural areas, identification documents and personal belongings are often retained at the time of their admission (CONSELHO FEDERAL DE PSICOLOGIA, 2018).

Regarding compulsory hospitalisations, according to data from the Federal Council of Psychology (2018), 17 of the 28 inspected institutions stated that they carry out this type of hospitalisation, with 10 making only voluntary hospitalisations and 1 using only compulsory hospitalisations. According to law 10,216, compulsory hospitalisation can only be approved by a judge. In the case of the inspected institutions, due to the lack of a minimum technical team, it appears that hospitalisations are made without the construction of a therapeutic plan and for an indefinite period, violating, once again, the principles of law 10,216/2001 (BRASIL, 2001).

In addition to all these violations, something equally alarming was noted: compulsory medication. According to the survey conducted by IPEA (2017), only the largest TCs have doctors - mostly volunteers - totalling around 1.1 per TC. Even so, of the institutions surveyed, 55% admitted to using medicines. Benzodiazepines, black-stripe psychiatric drugs, available only on prescription are the most widely used, according to the survey. Who prescribes such drugs? How are they purchased? By whom are they administered? Inevitably, the trivialisation of the use of medications leads us to the practices of traditional psychiatry carried out within asylum institutions.

We suggest that the weakness in the technical staff of professionals is one of the reasons why dispensing medication occurs in this way. The report identifies that there is a prevalence of technical staff in TCs with no religious guidance, and who have insecure work links. In addition, there is, in these institutions, a strong appeal to voluntarism and the retention of professionals is low (INSTITUTO DE PESQUISA ECONÔMICA APPLICADA, 2017).

Resolution No. 01/2015 of the National Drug Policy Council (CONAD) regulates institutions of this nature and states that the presence of a multidisciplinary technical team is mandatory, under the responsibility of a legally qualified, higher level educated, professional and a substitute of the same level of qualification. The resolution does not specify the number of professionals needed to form this team, nor does it indicate the training they should have. Attention is drawn to the fact that, despite criticisms of the TCs, it is an official service recognised as a component of a public policy that must offer quality reception and treatment regarding health and social care.

Having exposed some characteristics of the TCs based on recent inspection reports, in the following section we highlight changes that have occurred in legislation regarding TCs, from which we will make some considerations regarding the experience of the city of Rio de Janeiro, highlighting the funding rules for the dispersal of public resources to these institutions.

2 Therapeutic communities and the experience of the city of Rio de Janeiro

Until 2018, drug policy was entirely concentrated in the National Drug Policy Secretariat, SENAD, within the Ministry of Justice and Public Security. As of 2019, with decree No. 9,761, of April 11, 2019 (BRASIL, 2019a), this policy responsibility was divided between the Ministry of Justice and Public Security and the Ministry of Citizenship, with each ministry having its respective secretariats for manage it. SENAD, together with other bodies at the Federal, State and Municipal levels, integrates the National Drug Policy System (SISNAD), instituted by law 11,343, of August 23, 2006 (BRASIL, 2006a), and is currently responsible for actions that aim to reduce the supply of drugs in the country and has two directorates, the Directorate of Asset Management (Diretoria de Gestão de Ativos) (DGA) and the Directorate of Public Policies and Institutional Links (Diretoria de Políticas Públicas e Articulação) (DPPA) (BRASIL, 2006b).

The Drug Care and Prevention Secretariat (Secretaria de Cuidado e Prevenção às Drogas) (SENAPRED) is linked to the Ministry of Citizenship (Ministério da Cidadania), which is currently responsible for matters related to the demand for drugs in the country. This secretariat was created in January 2019, through Decree Nº. 9,674 (BRAZIL, 2019b) and has among its competencies the coordination, qualification and training of agents that integrate the National Drug Policy System, including the Therapeutic Communities.

Decree No. 9,761, of April 11, 2019 (BRASIL, 2019a), which approved the National Drug Policy (PNAD) and repealed Decree No. 4,345 of August 26, 2002 (BRASIL, 2002) which instituted the National Anti-drugs Policy, has among its objectives: the assistance and care of people with harmful use of alcohol and other drugs, legal and illegal, and the regulation, evaluation and monitoring of the treatment and reception performed in TCs. In this way, it recognises what was not previously present in the country's drug policy: welcoming in therapeutic communities, institutions that, according to the IPEA report (2017), have a hegemonic religious basis[3].

[3] A movement different from the trend on the European continent: the reduction or even the removal of financing for religious-based institutions.

It is important to note that even before the 2019 laws mentioned above, more than 500 Brazilian TCs received government funding, according to information from the Virtual Map of Brazilian Therapeutic Communities (BRASIL, 2019d) provided by the Ministry of Citizenship. The recognition of these institutions in the National Anti-drugs Policy and in the new drug law was an important milestone for the expansion of this funding, as new municipal, state, and federal edicts are being announced by the Ministry of Citizenship.

These edicts provide accreditation for the hiring of specialised services for the reception of people with disorders resulting from the harmful use of psychoactive substances, in an exclusively voluntary transitional residential regime. SENAD's accreditation notice 01/2018 (BRASIL, 2018) accounted for regional needs. So, 5.49% of vacancies were made available to the North Region of the country, 33.83% to the Northeast Region, 9.39% to the South Region, 5.73% to the Midwest Region and 45.56 % for the Southeast Region. The amounts, per space, are R$ 1,172.88 for receiving adults, R$ 1,596.44 for receiving adolescents and R$ 1,528.02 for receiving a nursing mother accompanied by her baby.

At the end of 2019, the Ministry of Citizenship announced an increase in the number of spaces financed in Therapeutic Communities, aiming to increase the number of spaces from 11,000 in 019 to 20,000 in 2020. Knowing the exact number of Therapeutic Communities in Brazil is a challenge, since a large proportion act without public resources and some without a permit. In 2019, the number of institutions of this type contracted by the Ministry of Citizenship was 536, of which 6 were in the state of Rio de Janeiro (BRASIL, 2019d).

The city of Rio de Janeiro has suffered a serious dismantling of public policies, principally in the field of health and social assistance. With the formalisation of a moralistic perspective within the public policy aimed at the harmful use of alcohol and legal and illegal drugs, it is possible to perceive the practice of blaming the subject, attributing to them complete responsibility for the situation of vulnerability in which they finds themselves. From this perspective, they become solely responsible for their situation, and, in the logic of the *good poor* (CASTEL, 2008),[4] must be grateful for and submit to the treatment and care offered. From this perspective, the duty of the State in guaranteeing both rights and citizenship is undone.

In response to the tragic episode mentioned at the beginning of this article, in which a homeless person stabbed five others, the city of Rio de Janeiro decreed, on August 2nd, 2019, the involuntary hospitalisation of homeless people who abuse alcohol and drugs. Decree number 46,314/2019 (RIO DE JANEIRO, 2019a) established that hospitalisation may be voluntary, when there is user consent, or involuntary, when there is no user consent but is at the request of a family member, legal or health professional, social worker or a body that forms part of SISNAD. For involuntary hospitalisation, the indication must be made by a doctor and both must take place in health units. Considering the serious situation of reduced resourcing that the municipality's public health has been facing, questions have been raised regarding the existence of the beds

[4] Castel (2008) defines this relationship as a *salvation economy*. A relationship that, simultaneously, establishes a discriminatory perception of the poor who deserve assistance.

necessary to receive this quantity of people, and the violation of rights through compulsory reception.

Urban reorganisation and the removal of the homeless population are not unprecedented actions in the municipality. During the term of Mayor Eduardo Paes (2009-2017), similar actions took place to gather in the homeless population, a practice considered illegal. This action generated a public civil action by the State Prosecutor of Rio de Janeiro against City Hall. It is worth pointing out that this type of policy, based on hygienism, eugenics, and elitism, is part of the history of the city and its organisation.

In the case of the city of Rio de Janeiro, there is a particularity regarding the location of the TCs, as most of these institutions are located in urban areas, some even in an area with the presence of strong armed conflict, as problematised by Cavalcante (2019).

The strengthening of TCs in the city gathered momentum, driven by new legislation that provided legal support for the expansion of financing. In November 2019, Public Notice No. 001/2019 (RIO DE JANEIRO, 2019b) was published by the Municipal Public Order Secretariat (Secretaria Municipal de Ordem Pública), where a contract for 225 vacancies in Therapeutic Communities for adults aged 18 to 59 years of both sexes was offered, totalling an amount of R$ 2,700,000. According to the Public Notice, this amount would be distributed to 10 Therapeutic Communities that were approved according to the criteria of the notice.

On February 4, 2020, the Official Gazette of the Municipality of Rio de Janeiro published Resolution SEOP "N" No. 310, of January 31, 2020 (RIO DE JANEIRO, 2020), which provides for the working rules and workflows, management and regulation of vacancies, and referrals to the Therapeutic Community and their reception. This resolution points out the need to organise the administrative procedures and workflows of Drug Care and Prevention Coordination, and assigned to this coordinating body actions related to the implementation of this workflow in addition to the regulation of vacancies, the supervision and monitoring of the service. and the monitoring of the entire process of welcoming the user together with the Municipal Anti-Drug Council, aiming to obtain transparency regarding the filling of vacancies and the rendering of accounts by affiliated entities.

This resolution presents important points that characterise the work plan of a Therapeutic Community and reinforces the need to strengthen RAPS and the social assistance network. It determines that Therapeutic Communities must act in an integrated manner within the health social assistance networks in the region. How is the formation of these links possible against a backdrop of a political scenario that is attempting to strengthen Therapeutic Communities while simultaneously scrapping public policies? Unfortunately, it seems that achieving these links with the municipal network is both antagonistic and contradictory, since the scrapping of RAPS, Primary Health Care and Social Assistance Services are associated with encouraging private initiatives within a political project that is dismantling current public policies.

Despite the recent deepening of cuts to the mental health network, it is worth noting that the process of its construction, implementation and constitution stemmed from the establishment of a public-private partnership. Since the establishment of the first Psychosocial Care Centre II (CAPS), in 1996, in the neighbourhood of Irajá, there has been an agreement between the City Hall and some civil society institutions. At that time, this relationship was with NGOs, today it is with Social Organisations (PASSOS, 2018).

The fragility of the working ties within the aforementioned partnerships has implications for work in the field of mental health, since the renewal of partnerships - between City Hall and civil society institutions - is cyclical, and requires financial transfers, which sometimes do not take place. In addition, any professional who publicly questions the direction of policies in the municipality can be dismissed if their position is understood to be a threat. Therefore, the fragility of working ties allows, in adverse situations, moral harassment, control of, and threat to the continuity of employment.

It is worth highlighting that, since 2015, there have been delays in salaries, suspensions of holiday, the inability to replace professionals, among other insecurities that directly affect the lives of service users (GOMES, 2015)[5]. Furthermore, as of 2017, the precarious situation of the Mental Health, Alcohol, and other Drugs Policy in the city of Rio de Janeiro was further aggravated.

At the end of 2016, workers hired by Social Organisations, who oversaw the management of some CAPSads in the municipality of Rio de Janeiro, were put on collective notice, which raised concerns about a possible closure of services. Since then, the situation has worsened, with recurring wage delays, layoffs, and bullying.

In 2017, an agreement called *Alcohol and Drugs* - with specific funds for this area - was only signed after a lot of pressure from workers and service users and generated uproar. The delay, in signing the agreement, transferring it to the Social Organisations and, consequently, the delivery of materials and salaries to the hired employees, is not an isolated case. This has been common under the current management of the municipality, which finds budget constraints arising from, among other things, debts left by previous administrations. This it uses as justification for the chaos, not only in the mental health policy, but in all municipal public policies, particularly those around health and education.

The end of 2019 was marked by a widespread strike by workers, following delays of more than two months in paying wages, and in January 2020 City Hall announced the breaking of its contract with the Social Organisation "Viva Rio", that managed 75 health units in the municipality, leaving 5,000 professionals with notice of dismissal. The Union of Nursing Assistants and Technicians went to court and obtained an injunction against the employees' notice (COUTINHO, 2020).

[5] The reality of this insecurity has reached other municipalities over the same period, such as, for example, the municipality of Niterói. For further details, see GOMES (2015).

Concomitant to this breach of contract, resistance movements among the professional, cooperative, and anti-asylum movements are demanding continuity of services, with various, mostly mental healthcare, professionals having had up to three months with no pay. These workers being employed across 7 CAPS, 5 CAPSI, all Therapeutic Residences, all Community Centres, 2 CAPSad, Family Health Clinics, Family Health Support Centres (NASF) and Street Clinic. At the beginning of 2020, many primary care and mental healthcare professionals were dismissed without prior notice, which directly impacted their lives, the lives of service users, and the therapeutic plans of substitute services.

It is important to emphasise that the establishment of links is a *sine qua non* for carrying out work in the field of mental health. How otherwise to can work be sustained in the face of the uncertainty and instability that objectively affects workers in this policy area? The recent conjuncture seems to indicate that the attacks on CAPS and CAPSad are directly linked to a logic of care that is intended to be offered and established as a model, whilst substitute services seek to make, free, integrated, public healthcare viable, across the territory, free from interference, focussing on harm reduction, and breaking away from the logic of asylums. In the face of this conservative offensive on the field of mental health, it is necessary to defend and affirm the expansion of substitute services and the training of professionals committed to the perspective of anti-asylum psychosocial care and harm reduction.

Final considerations

The purpose of this article was to raise some issues to enable the questioning of Brazilian Therapeutic Communities, without, however, intending to exhaust the debate. In addition, it presents disputed aspects of drugs policy in the city of Rio de Janeiro, this policy being guided from a conservative and reactionary political standpoint which argues that the issue of drugs is an issue of policing, morals, and faith. The attacks and setbacks that have beset the RAPS in the city of Rio de Janeiro have also stimulated the financing and expansion of Therapeutic Communities as one of the solutions.

The dismantling of the health and mental health policy in this wonderful city has accelerated severely over the past four years and this has not been without effects. We have seen an increase in violence and in the impoverishment of the population. The poorest, slum dwellers and homeless people are the most affected by the new drugs policy, the latter being those who end up being killed or interned in Therapeutic Communities.

We can say that asylums, with their logic of isolation, internment, control, punishment, and violence, have not remained static. They are being modified according to transformations in the capitalist mode of production and by the peculiarities of Brazil. It is necessary to recognise these changes in social relations, identify how they span across public policies, and produce other ways to make mental health care viable from an anti-asylum and harm reduction perspective.

We are experiencing the process of updating and reconfiguring the institutions of violence that are authorised to, quite legally, restrain and control the bodies and subjectivities of the population and, in particular, as history has repeatedly shown us, of those groups considered deviant. Currently, this form of oppression is been applied mainly to the black, poor, and LGBT populations.

Bibliography

BASAGLIA, F. *et al*. Considerações sobre uma experiência comunitária. *In*: AMARANTE, P. (org.). **Psiquiatria Social e Psiquiatria Social e Reforma Psiquiátrica.** Rio de Janeiro: Editora FIOCRUZ, 1994.

BRASIL. **Lei 11.343 de 23 de agosto de 2006**. Institui o Sistema Nacional de Políticas Públicas sobre Drogas - Sisnad; prescreve medidas para prevenção do 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. Brasília (DF), 2006a. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11343.htm. Acesso em: 20 nov. 2019.

BRASIL. **Lei 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. Brasília (DF), 2001. Disponível em: http://www.planalto.gov.br/ccivil_03/LEIS/LEIS_2001/L10216.htm. Acesso em: 20 de nov. 2019.

BRASIL. **Decreto 9.761 de 11 de abril de 2019**. Aprova a Política Nacional Sobre Drogas. Brasília (DF), 2019a. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2019/Decreto/D9761.htm. Acesso em: 20 nov. 2019.

BRASIL. **Decreto 9.764 de 2 de janeiro de 2019**. Aprova a Estrutura Regimental e o Quadro Demonstrativo dos Cargos em Comissão e das Funções de Confiança do Ministério da Cidadania, remaneja cargos em comissão e funções de confiança, transforma cargos em comissão do Grupo-Direção e Assessoramento Superiores - DAS e Funções Comissionadas do Poder Executivo - FCPE e substitui cargos em comissão do Grupo-Direção e Assessoramento Superiores - DAS por Funções Comissionadas do Poder Executivo - FCPE. Brasília (DF), 2019b. Disponível em: http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2019/decreto/D9674.htm. Acesso em: 20 nov.2019.

BRASIL. **Decreto 5.912 de 27 de setembro de 2006**. Regulamenta a Lei no 11.343, de 23 de agosto de 2006, que trata das políticas públicas sobre drogas e da instituição do Sistema Nacional de Políticas Públicas sobre Drogas - SISNAD, e dá outras providências. Brasília (DF), 2006b. Disponível em: http://www.planalto.gov.br/ccivil_03/_Ato2004-2006/2006/Decreto/D5912.htm. Acesso em: 20 nov. 2016.

BRASIL. **Decreto 4.345 de 26 de agosto de 2002**. Institui a Política Nacional Antidrogas e dá outras providências. Brasília (DF), 2002. Disponível em: http://www.planalto.gov.br/ccivil_03/decreto/2002/D4345.htm. Acesso em: 20 nov. 2019.

BRASIL**. Resolução Conad Nº 01 de 19 de agosto de 2015**. Regulamenta, no âmbito do Sistema Nacional de Políticas Públicas sobre Drogas (SISNAD), as entidades que realizam o acolhimento de pessoas, em caráter voluntário, com problemas associados ao uso nocivo ou dependência de substância psicoativa, caracterizadas como comunidades terapêuticas. Disponível em: https://www.justica.gov.br/sua-protecao/politicas-sobre-drogas/backup-senad/comunidades-terapeuticas/anexos/conad_01_2015.pdf. Acesso em: 20 nov. 2019.

BRASIL. Edital de credenciamento - SENAD nº 1/2018. **Diário Oficial da União**, Brasília (DF), n. 1, 25 abr. 2018. Edição 79, seção 3, p. 93.

BRASIL. Ministério da Cidadania. **Ministério lança mapa virtual de comunidades terapêuticas no Brasil**. Brasília (DF), 2019c. Disponível em: http://mds.gov.br/area-de-imprensa/noticias/2019/julho/ministerio-lanca-mapa-virtual-de-comunidades-terapeuticas-no-brasil. Acesso em: 16 maio 2020.

BORTHWICH, A.; HOLMAN, C.; KENNARD, P.; MCFETRIDGE, M.; MESSRUTHER, K.; WILKES, J. The relevance of moral treatment to contemporary mental health care. **Journal of Mental Health**, v. 10, n. 4, p. 426-439, 2009.

CASTEL, R. **As metamorfoses da questão social**: uma crônica do salário. 7. ed. Petrópolis: Vozes, 2008.

CAVALCANTE, R. A institucionalização clínica e política das comunidades terapêuticas e a sua relação com a saúde mental brasileira. *In*: VASCONCELOS, E.M.; CAVALCANTE, R. (orgs.). **Religiões e o paradoxo apoio social intolerância, e implicações na política de drogas e comunidades terapêuticas**. São Paulo: Hucitec, 2019.

CONSELHO FEDERAL DE PSICOLOGIA. **Relatório da Inspeção Nacional em Comunidades Terapêuticas**. Brasília (DF), 2018. Disponível em: http://site.cfp.org.br/wp-content/uploads/2018/06/Relat%C3%B3rio-da-Inspe%C3%A7%C3%A3o-Nacional-em-Comunidades-Terap%C3%AAuticas.pdf. Acesso em: 26 maio. 2019.

COUTINHO, R. Justiça concede liminar contra aviso prévio de funcionários da Viva Rio. Bom dia RJ, Rio de Janeiro. 21 jan. 2020. Disponível em: https://g1.globo.com/rj/rio-de-janeiro/noticia/2020/01/21/justica-concede-liminar-contra-aviso-previo-de-funcionarios-da-os-viva-rio.ghtml. Acesso em: 28 fev. 2020.

DE LEON, G. **A Comunidade Terapêutica**: teoria, modelo e método. São Paulo: Loyola, 2003.

GOMES, T. Capitalismo contemporâneo, crise e política social: impactos na política de saúde mental, crack e outras drogas. **Revista O Social em Questão**, Rio de Janeiro, ano 18, n. 34, p. 297-314, 2015.

GOMES, T. **De cidadão e louco**: o debate sobre a cidadania do louco a partir do caso do centro de atenção psicossocial. 2006. Dissertação (Mestrado em Política Social)- Programa de Estudos Pós-Graduados em Política Social da Universidade Federal Fluminense, Niterói, 2006.

INSTITUTO DE PESQUISA ECONÔMICA APLICADA. **Perfil das Comunidades Terapêuticas Brasileiras**. Brasília (DF), 2017. Disponível em: http://www.ipea.gov.br/portal/images/stories/PDFs/nota_tecnica/20170418_nt21.pdf. Acesso em: 26 out. 2019.

JONES, M. **A comunidade terapêutica** (Tradução portuguesa). Petrópolis: Editora Vozes, 1972.

MAISANO, P. O. S. **Práticas religiosas no tratamento de dependentes químicos**. 2014, 102 p. Dissertação (Mestrado em Ciências Sociais)–Instituto de Ciências Humanas e Sociais, Universidade Federal Rural do Rio de Janeiro, Seropédica, 2014.

PASSOS, R. G. **Trabalho, gênero e saúde mental**: contribuições para a profissionalização do cuidado feminino. São Paulo: Cortez, 2018.

RIO DE JANEIRO. Resolução SEOP "N" N° 310 de 31 de janeiro de 2020. **Diário Oficial do Município do Rio de Janeiro**, Rio de Janeiro, ano 33, n. 219, p. 23-24, 2020. https://doweb.rio.rj.gov.br/portal/visualizacoes/pdf/4432#/p:23/e:4432?find=resolu%C3%A7%C3%A3o%20SEOP. Acesso em: 14 fev. 2020.

RIO DE JANEIRO. **Decreto 46.314 de 2 de agosto de 2019**. Suplementa a Lei federal nº 11.343, de 23 de agosto de 2006, que institui o Sistema Nacional de Políticas Públicas sobre Drogas - Sisnad; prescreve medidas para prevenção do 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, com a redação dada pela Lei 13.840, de 5 de junho de 2019; dispõe sobre a assistência à População em Situação de Rua - PSUA, e dá outras providências. Rio de Janeiro (RJ), 2019a. Disponível em: http://smaonline.rio.rj.gov.br/legis_consulta/58937DECRETO%20RIO%2046314_2019.pdf. Acesso em: 20 de nov. 2019

RIO DE JANEIRO. Edital de chamamento público 001/2019. **Diário Oficial do Município do Rio de Janeiro,** Rio de Janeiro, ano 33, n. 137, p. 60,1º out. 2019b. https://doweb.rio.rj.gov.br/portal/visualizacoes/pdf/4295#/p:60/e:4295?find=aviso%20de%20chamamento%20publico. Acesso em: 30 nov. 2019.

SOMMER, M. As Comunidades Terapêuticas - História, Evolução e a Modernidade no Tratamento das Dependências Químicas. **Psique**, Lisboa, n. 7, p. 135-166, jan./dez., 2011.

TARGINO, J. Comunidades Terapêuticas Religiosas: estudo de caso sobre uma comunidade pentecostal e uma comunidade católica carismática. **Revista Café com Sociologia**, Maceió, v. 6, n. 2. p. 314-334, mai./jul., 2017a.

TARGINO, J. Estudo De Caso Sobre Comunidades Terapêuticas Religiosas. **Ciencias Sociales y Religión/Ciências Sociais e Religião**, Porto Alegre, ano 19, n. 26, p. 75-92, set. 2017b.

TORRES, L. Dois homens morrem esfaqueados por morador de rua na Lagoa, Zona Sul do Rio. **TV Globo**, 28 jul. 2019. Disponível em**:** https://g1.globo.com/rj/rio-de-janeiro/noticia/2019/07/28/motorista-e-esfaqueado-em-tentativa-de-assalto-na-lagoa-na-zona-sul.ghtml. Acesso em: 20. fev.2020

VASCONCELOS, E. M. O campo das ciências das religiões, o paradoxo apoio social - intolerância e as práticas no lidar com situações existenciais/sociais limite e com as drogas. *In*: VASCONCELOS, E.M.; CAVALCANTE, R. (orgs.). **Religiões e o paradoxo apoio social intolerância, e implicações na política de drogas e comunidades terapêuticas.** São Paulo: Editora Hucitec, 2019.

Rachel Gouveia PASSOS. Worked on the concept, analysis and interpretation of data, and the production of the article.
Adjunct Professor based in the Department of Methods and Techniques of the School of Social Service at UFRJ, collaborating professor at the Graduate Programme in Social Policy at the School of Social Service at UFF. Post-Doctorate in Social Work and Social Policies from the Federal University of São Paulo (2018); PhD in Social Work from the Postgraduate Studies in Social Work Programme at the Pontifical Catholic University of São Paulo (2016), having completed a doctoral internship at the University of Coimbra/Portugal; Master in Social Policy from Federal University of Fluminense (2011); Specialist in Mental Health and Psychosocial Care at the National School of Public Health at Fiocruz (2009) and a Bachelor's degree in Social Work from the Federal University of Fluminense (2007). It also comprises the expanded GTP Social Service, Relations of Exploitation/Gender Oppression, Race/Ethnicity, Feminisms and Sexualities of the Brazilian Association for Teaching and Research in Social Work (ABEPSS) (2018-2020).

Giulia de Castro Lopes de ARAUJO. Worked on the concept, analysis and interpretation of data, and the production of the article.
Student of the School of Social Service at the Federal University of Rio de Janeiro (UFRJ).

Tathiana Meyre da Silva GOMES. Worked on the concept, analysis and interpretation of data, and the production of the article.
Doctor in social work (2014), a master's degree in social policy (2006) and a degree in social work (2003). She is a professor at the School of Social Service at Federal University of Fluminense (UFF) and researcher in the following groups/research centres: Centre for Studies, Research and Extension in Social Work and Health (NUEPESS/UFF), Research Group on Human Sciences, Health and Society (CCBS/IB/CSS/UNIRIO), Centre for Studies, Research and Extension in Mental Health and Psychosocial Care (NEPS/UERJ) and the Group of Studies and Research in Critical Ontology (Faculty of Economics/UFF). She is a Representative of the School of Social Service on the Multi-professional Residence Committee of the University Hospital Antônio Pedro (HUAP/UFF). She is a professor at the Multi-professional Residency Course in Health at HUAP/UFF and a member of its collegiate body.

Jessica Souza de FARIAS. Worked of the research, data analysis and production of the text. Student on the Social Service course at the Federal Rural University of Rio de Janeiro (UFRRJ).