




Human rights of drug users according to public health professionals in Brazil

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Abstract

Health is a basic human right, and drug use represents a severe influence on people's health. This qualitative study aimed to understand how health professionals in a public health-care team working with drug users in a city of the state of São Paulo, Brazil, perceive the human rights of these users and how these rights are being respected in health care. Data were collected through semistructured interviews with 10 health professionals at the service under analysis. A thematic analysis of the interviews reveals the professionals' difficulty to define the concept of human right and contextualize these rights in their work environment. A deeper understanding of the right to health, however, represents an important premise for a more humanized care practice in health services to drug users.

Keywords

Drug users, health, health professionals, public health services, rights

Introduction

Concerns with the acknowledgment and protection of human rights have substantially increased since the French Revolution, gaining undeniably important dimensions in the international context and inside states, mainly after the Second World War and the creation of the United Nations (UN).

National and international human rights instruments reveal a variety of legal definitions of human rights. According to the UN Declaration of Human Rights, human rights are rights inherent to all human beings, whatever their nationality, place of residence, sex, national or ethnic origin, color, religion, language, or any other status.¹ Universal human rights are expressed and guaranteed by law, in the forms of treaties, customary international law, general principles, and other sources of international law.

Human rights can be analyzed in different dimensions, although they are considered interdependent, interrelated, and undividable. The first dimension relates to individual and political rights; the second to economic, social, and cultural; the third to collective rights; and the fourth to genetic manipulation rights, referring to biotechnology and bioengineering.² Health is a second-generation social right. According to the World Health Organization (WHO), health represents complete physical, mental, and social well-being and

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not merely the absence of diseases and other infirmities.³ A drug is any type of substance that when introduced, inhaled, injected, or ingested modifies one or more functions in the organism.⁴ In this context, drug use can be considered a severe influence on people's health, with highly relevant social consequences.

In a majority of countries, drug users figure among the most marginalized populations. They are considered criminals, and the dominant society remains indifferent to their problems, generating constant vulnerability. It can be affirmed that a large part of drug use-related problems originate in an incomplete and partial understanding of drugs' actions, effects, and consequences by society in general and by health professionals responsible for health care to this population.⁵

This qualitative study aimed to understand how health professionals in a public health-care team working with drug users in a city of São Paulo State, Brazil, perceive the human rights of these users. With this purpose, this research report initially revisits the historical assertion movement of human rights, particularly the right to health, in relation with the drugs phenomenon. Next, the organization of health services for drug users in Brazil is described, followed by the details on the research design, results, and some final considerations.

Historical evolution of human rights framework

The movement for the protection of human rights is relatively new. Article 1 of the United States' Declaration of Independence, issued in 1776, represents a landmark in the historical registration of human rights.⁶ It declares that all human beings are equally free and independent, with inborn and unalienable rights of which they cannot be divested by any type of pact. During the French Revolution, this idea was reaffirmed and strengthened in the Declaration of the Rights of Man and of the Citizen, based on the assertion that "men are born and remain free and equal in rights."⁷

It was only in 1948, however, when the UN General Assembly approved the Universal Declaration of Human Rights, that a truly international movement started to protect human rights, in a context marked by two World Wars.⁸

International human rights instruments lay down obligations of governments to act in certain ways or to refrain from certain acts, in order to promote and protect human rights and fundamental liberties of individuals or groups. There are two important theories aimed at explaining the function of rights: the will theory and the interest theory. Each of them presents an understanding of what rights do for those who hold them.

The will-based theory emphasizes natural individual rights and corresponding limitations on governments' powers in order to protect the autonomy and independence of individuals, who, as explained by Kant,⁹ must be treated as ends in themselves and never merely as means for securing benefit to some other person. On the other hand, the interest-based theory justifies individual liberty and equal opportunities for unfettered exchange between individuals, in terms of result-oriented mechanisms for attaining "welfare," in the sense of the greatest happiness of the greatest number. The modern universal recognition of human rights constitutionally limits the various theories by recognizing common moral and legal core values as legal entitlements of every human being, independent of governments' benevolence.¹⁰

In this sense, the evolution of human rights goes in line with the historical assertion of citizenship. There are three basic dimensions in the citizenship concept: civil, political, and social. The civil dimension is related to the basic rights to life, freedom, property, equity before the law, among others. The political dimension refers to citizens' participation in society's government, and the social dimension guarantees participation in collective wealth. The exercise of the three dimensions of human rights is therefore a condition to affirm citizenship. Among these rights, the human right to health stands out.

The human right to health and drug use

The Right to Health, as a social right, is essential for the exercise of civil, political, and collective rights.¹¹ It is emphasized in different international instruments, including the UN's International Covenant on Economic, Social and Cultural Rights (1966), the Convention on the Elimination of All Forms of Discrimination against Women (1979), and the Convention on the Rights of the Child (1989), besides countless documents by regional human rights organizations and the WHO.

Thus, enjoying the best possible health state is one of human beings' fundamental rights.¹² In this sense, illicit drugs represent a severe hindrance to achieve health, as well as a considerable limitation to exercise citizenship. They are defined as substances or products that can cause addiction. Hence, protecting human rights is intrinsically related with the protection of all people's health, especially stigmatized and vulnerable populations, including drug users.

In this perspective, analyzing the relation between human rights and the drugs phenomenon involves examining the meaning of drugs in different cultures, of international and Brazilian responses to drug use control and, mainly, of how these reactions affect drug users' opportunities to exercise their human rights, particularly their right to health.

In Brazil, "health" is part of general social security determinations, to the extent that it "covers an integrated set of actions on the initiative of Public Powers and society, aimed at guaranteeing rights related to health, social security and assistance."¹³ As from the 1988 Constitution, health was recognized as a right of all and a duty of the State (Article 196), stimulating a range of actions that culminated in the creation of the Unique Health System (SUS), analyzed in further detail in the following section.

Human rights to health and service organization for drug users in Brazil

The SUS was established in Brazil in 1990 and is based on the principles of *universal, public, and free access* to health actions and services; on *comprehensive actions*, taking care of the individual as a whole; on *equity*, as the duty to equally attend to everyone's rights, respecting differences; on the *decentralization* of health resources; and on the *social control* exercised by Municipal, State, and National Health Councils.¹⁴

In the context of the SUS, Psychosocial Care Centers (CAPS) were created. These are open-community health services to treat people suffering from mental disorders, psychoses, severe neuroses, and other problems, whose severity and/or persistence justify their stay in an intensive community care device that is tailor-made and promotes life.¹⁵

In the context of the CAPS, CAPS-Ad were created for patients with alcohol and other drugs abuse, with a view to allowing for therapeutic planning within an individualized perspective of ongoing evolution, permitting early interventions and attempting to limit the stigma associated with treatment.

Care for drug users in Brazil is guided by the National Drugs Policy,¹⁶ based on the premises of preventing drugs misuse, promoting treatment, and recovering chemical addicts, supported by five pillars: prevention; treatment, recovery, and social reinsertion; social and health damage reduction; supply reduction; and studies, research, and assessments.¹⁷

As health professionals working at CAPS-Ad are fully responsible for user care, it is extremely important that they know and apply these political and action guidelines so as to guarantee, in their practice, respect for drug users' human rights during their treatment in health services.

Research design

This is a qualitative, exploratory, descriptive, and contextual research, considered appropriate when the study phenomenon is complex, social, and does not tend toward quantification.¹⁸ In this context, qualitative

research looks for the meaning in actors' behavior, based on interpretation. Qualitative methods are used to describe and explain the essence of experience and meaning in participants' lives.¹⁹ This study aims at understanding the meaning given by health professionals regarding the human rights of drug users, who are their clients at a Psychosocial Care Center to Alcohol and Illicit Drug Users (CAPS-Ad).

After approval had been obtained from the Institutional Review Board at the University of São Paulo at Ribeirão Preto College of Nursing (Protocol Number 0853/EERP-USP), research data were collected through semistructured interviews with health professionals from the public health-care service for drug users (CAPS-Ad) located in a city in the state of São Paulo, Brazil. The CAPS-Ad is a clinic for drug users, created within the psychiatric reform movement in Brazil. It is aimed at offering extra-hospital care to patients with mental disorders and alcohol and drug users. These clinics were created in the country in 2002.

In addition, it is notable that the data collection process involved a prolonged engagement with participants, as the researchers spent a month at the clinic before the interviews in order to increase rapport, aiming for participants' greater openness in their interactions.²⁰

During data collection, 15 professionals worked at the study organization. All professionals were invited to participate in the study. Ten of them accepted and were individually interviewed, after giving their informed consent. The authors interviewed two social workers, two nursing auxiliaries, two nurses, two occupational therapists, one psychiatrist, and one psychologist, with an average age of 34 years. Three subjects are men and seven are women, eight hold a university degree and two completed a nursing auxiliary training program. To protect confidentiality, participants were informed that the names of individuals or the service setting would not be used in resulting publications or presentations. It was stressed that individuals were under no obligation to disclose personal information. Every participant was made aware in the consent form of contact information for the first authors. Interviews were recorded on audiotapes, transcribed, and analyzed through a content analysis.²¹ The interview questions were related to what these professionals perceived to be a human right, if health was a human right to them, how the rights of their patients and their own rights were achieved and the service's role in this context.

In this research, signifiers were analyzed, which is also called a thematic analysis. Hence, contents were analyzed that converged toward similar meanings, grouping them in thematic units. The first step was to read and reread all of the data several times. Next, researchers defined content categories and aimed at a thick description of the categories that represented the context, meanings, and interpretation of the identified themes.²² Subsequently, an iterative process was employed whereby through careful reading and listening, researchers suggested categories, sorted subtext into categories, generated ideas for additional categories, and refined existing categories. Core themes for each category were identified and described.²³ Themes offered elements to understand the perceptions of health professionals from a public health service in Brazilian city about drug users' human rights. Table 1 summarizes the categories and core themes identified in this study.

Results

Health professionals' conceptions of human rights

The interviews demonstrate health professionals' difficulty to define the concept of human right and contextualize these rights in their work environment. In this sense, answers were vague and evasive, showing that the interviewed professionals had never taken time to systematically think about this issue.

I had not thought about the issue (I3, I8).

I don't know . . . (I2, I4).

Table 1. Categories and core themes resulting from the data analysis.

Category	Core themes
Health professionals' conceptions of human rights	Human rights as a possibility to gain access to basic needs Human rights as social–civil rights Health as an essential human right
Health-related human rights of drug users	Right of access to comprehensive treatment Right to participate in service organization Right to information and individual empowerment
Health institutions and practitioners' responsibilities	Role of the health institution Health professionals' educational and rehabilitative role Health professionals' competence as a symbol of respect for human rights of drug users

Despite this initial restriction, after some time for reflection, the professionals started to define the meaning they attributed to human rights. Therefore, some of the professionals mentioned the theme “Human right as a possibility to gain access to basic needs.”

Human right, I think it is a way to have access to things we need (I1).

I am not sure, but I believe it is a right to have what I need (I6).

Furthermore, some interviewees managed to elaborate this concept in further detail, explaining human rights as social and civil rights, composing the core theme “Human rights as social–civil rights.”

Human Right is the right to a better life, to freedom, to health ... (I3)

The right to education, to health, to be free ... (I8)

The right to have a work, to have better health services, a better education ... (I4)

After verifying the research subjects' global view on what they think about human rights, the researchers attempted to understand the health professionals' perspective on health as a right, revealing the theme “Health as an essential human right.”

Health is one essential right for people's survival (I7)

Health is everything, if we do not have health, we can't even live (I5)

However, a few interviewees managed neither to prioritize nor even to distinguish the right to health among all human rights.

Health, I think it is another human right (I2).

Health-related human rights of drug users

Specifically, with regard to drug users' human rights, various interviewees mentioned the theme “Right of access to comprehensive treatment.”

Drug users must have access to the health service (I1).

Right to health means to be able to find treatment easily and also a treatment that suits the user's conditions (I8).

It is important to point out that when the participants refer to access in general, they tend to define it as difficult, but when they talk about the service they work at, they reassert that there is an exception to the rule, that there is no waiting list, and that access is respected.

Besides access, the theme "Right to participate in service organization" emerged as one of the rights of drug users.

The drug users who come to us participate in their therapeutic project (I4)

Our users become part of this service, they participate regarding the organization of this CAPS (I6)

Another recurrent theme among the interviewees was the "Right to information and individual empowerment." In the interviews, a certain contradiction is observed, as well as difficulties to express the limitation of these people's rights in daily service reality.

I think our patients know about their rights but they do not feel they have these rights ... (I3).

We develop many activities with them, in order to talk about their rights, but I don't know if they are really, really, effective ... (I7).

Health institutions and practitioners' responsibilities

When asked about the institution's and the participants' role regarding the exercise of rights by their patients, some interviewees attribute the responsibility to know their rights to users. However, participants are aware of the important "Role of the health institution" in the life of their patients and in guaranteeing drug users' human rights. The interviewees highlighted the commitment to treatment and that the CAPS was responsible for supporting patients' reinsertion in society.

The CAPS means a lot to the patients. It is considered a landmark ... we have difficulties, but patients have rights here (I1).

We have the goal to work with patients for their rehabilitation, to show them their rights, to help them to feel part of society again (I5).

With respect to health professionals' activities to guarantee the human rights of patients who use drugs, the interviewees highlighted "Health professionals' educational and rehabilitative role" with regard to aspects of the disease and the patient's own right.

I believe we have responsibility to work with patients in their understanding of their health problem, as well as how they can change their own reality (I2).

Also, with regard to their role, some professionals emphasized the importance of considering patients' particularities.

We need to consider the disease's and patients' particularities in guaranteeing rights (I8).

Besides, the interviewees also mentioned health professionals' lack of understanding about drugs as an aggravating factor of disrespect for users' human rights at health services.

However, we know that many health professionals do not know about these rights in general. Then, they do not treat patients as they must be treated (11).

In this context, participants emphasize “Health professionals’ competence as a symbol of respect for human rights of drug users.”

We have the role of recovering non-respected rights and valuing human beings (17).

Discussion

Human rights are fundamental rights of all human beings. In 1988, Brazil’s Constitution recognized “inalienable” human rights deriving from human dignity. In this context, the legal framework that organizes CAPS in the country determines respect for drug users’ rights with a view to limiting the stigma associated with treatment, based on five pillars: prevention; treatment, recovery, and social reinsertion; reduction of social damages to health; supply reduction; and studies, research, and assessments.

Despite this declaration expressed in the National Drugs Policy, health professionals at the center under analysis experienced difficulties to define human rights in general and the human rights of drug users, arguing that they had not thought about the issue or that human rights represents the possibility of access to basic needs. For instance, it is known that human rights should cover much more than just access to basic needs and that they are interdependent and undividable, representing a “*conditio sine qua non*” for a truly dignified life.²⁴

Although interviewees mentioned the classification of human rights into civil and social rights, participants did not further elaborate on these concepts. Participants did not perceive the separation between civil and social rights, which mainly represents the differences on the expectation for governments’ actions (in the case of social rights) and for preventing any damages (in the case of civil rights). For instance, participants’ perspectives are in accordance with national and international human rights instruments, confirming human rights as interrelated, interdependent, and undividable. In this perspective, the right to health represents one of people’s fundamental rights, as it is only through its effective accomplishment that human beings manage to fully use other fundamental rights.²⁵ Despite this importance, these research findings demonstrated that health was considered as just another human right or even only as access to the health service. Results showed a limited view of health and the dimension of the right to health.

Hence, professionals valued access quite highly, as well as the participation of drug users in service organization. According to the interviewees, this is a distinctive characteristic in comparison with other health institutions.²⁶

Also, with regard to drug users, a dichotomy between the right and free will of these people is observed.²⁷ When discussing the issue, health professionals clearly manifest the ethical dilemma they face between respecting human beings’ rights and guaranteeing their “well-being,” as part of their tasks as health professionals. Participants’ views of human rights resonate with the theoretical underpinnings of the will-based theory and interest-based theory on human rights. Therefore, in order to assure the well-being of their patients, participants feel that they limit their autonomy.

In addition, the interviewees made frequent mention of information as a condition to exercise human rights, also highlighting users’ responsibility to know their own rights in order to reclaim them. In this perspective, drug users have the right to be informed about their own rights as a condition for their empowerment as citizens.²⁸

Hence, guaranteeing respect for drug users’ human rights covers health professionals’ playing an educative role, emphasizing the relevance of knowledge about the particularities of treatment for drug users and their disease. In this context, the service offers individual care with the purpose of facilitating rehabilitation, as well as family involvement in the process. This joint work is fundamental to avoid a fragmented

care, implying its continuity, as well as the complicity of the professionals involved, by sharing responsibilities among team members and the users' families in order to assure respect for their clients' human rights.²⁹

In line with the guidelines of the Brazilian health system, the interviewees mentioned the right to comprehensive treatment, which is not a reality yet, as professionals themselves admit a generalized lack of understanding about drugs in nonspecialized services. Society's understanding on drugs and drug users is a factor that hampers holistic and humanized care, in many cases leading to the marginalization of this population group. Therefore, it is essential to assure a better integration of CAPS-Ad with other health services that also provide care to drug users.³⁰ Thus, services play a fundamental role in patients' reinsertion in society and in guaranteeing their commitment to treatment. It is highlighted that signs of service humanization appear in the core theme "Health professionals competence as a symbol of respect for human rights of drug users."³¹

Final considerations

Health is a social right that should be guaranteed to all human beings and drug use represents a severe risk for the consolidation of this right. In order to learn more about the human rights and the right to health of drug users, this research aimed at understanding how health professionals in a public health-care team working with drug users in a city of the state of São Paulo, Brazil, perceive the human rights of these users.

The analysis of interviews with these health professionals reveals the need for a deeper understanding of the right to health. Despite conceptual difficulties, professionals in this research managed to delimit important aspects of drug users' human rights, defining the relevance of their actions to respect these rights in daily service reality. The role of CAPS-Ad in patients' reinsertion into society and in their valuation as people was emphasized, which should be reflected in practice.

As a limitation, this is a small contextual study, which does not reflect the general view of all health professionals in the country. However, participants' gaps in knowledge and their perspective on the right to health provide important elements to better understand some problems faced by health professionals working with drug users at public health services, especially by nurses as the "front line" of health care delivery to drug users at the study service. Therefore, continued education programs on the theme are suggested, not only at the CAPS-Ad under study but also as a general action that should be developed in different health services for drug users, as one possible strategy to face the stigmatization regarding drugs and drug users in Brazil.

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Conflict of interest

The authors declare that there is no conflict of interest.

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