

THERAPEUTIC LEISURE: ACTION RESEARCH WITH HEALTHCARE WORKERS FROM MENTAL HEALTH SERVICES FOR USERS OF ALCOHOL AND OTHER DRUGS

LAZER TERAPÊUTICO: PESQUISA-AÇÃO COM TRABALHADORES DE SERVIÇOS DE SAÚDE MENTAL, ÁLCOOL E OUTRAS DROGAS 

OCIO TERAPÉUTICO: INVESTIGACIÓN-ACCIÓN CON TRABAJADORES DE SERVICIOS DE SALUD MENTAL, ALCOHOL Y OTRAS DROGAS 

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Abstract: To understand everyday representations of mental health workers about leisure, drugs and education. Method: Emancipatory Action Research developed in ten workshops with 11 participants working at mental health services. The analysis was based on the theory of everyday representations. Results: The dominant mentality about drug users and drug education was revealed as associated with a conservative and prohibitionist perspective. The forms of therapeutic leisure traditionally adopted in health services were critically represented as a method for controlling users. Conclusions: The adoption of emancipatory leisure workshops is recommended in health services focused on alcohol and other drugs.

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1 INTRODUCTION

Leisure activities are one of the forms of treatment offered by mental health services, including those aimed to provide care to people who use licit or illicit drugs (BRASIL, 2003). The scientific community often argues that leisure activities should be a component in the prevention and treatment of drug use (MORE *et al.*, 2017).

However, there is no consensus on how to approach this issue, with some studies even indicating conflicting results (UNODC, 2018). Pinheiro, Andrade and Micheli (2016) found correlation between certain leisure-time physical activities and higher drug use, while Nasser *et al.* (2016) found a positive relationship between lower drug use and leisure-time physical activities. This shows the relevance of studies addressing drug consumption and the so-called leisure activities.

Understanding these activities requires understanding the phenomenon of leisure. According to Sociology of Work, leisure is not synonymous with recreational activity (GOMES, 2004) and it can be conceptualized from a Marxist perspective as a phenomenon originating in the tensions between capital and labor (MASCARENHAS, 2005). From a dialectical point of view, it can be said that, as a synthesis of opposites, leisure is not mere submission to capital but encompasses emancipatory possibilities revealed by reflections on social production and culture.

Questioning leisure from this perspective allows us to review naive or idealized views (MASCARENHAS, 2014), which try to obscure the relationship of the phenomenon with social totality, evoking the concept of leisure as free time to enjoy culture. This denaturalization process also allows us to understand the potential of strategies and projects aimed at increasing, decreasing or filling a person's free time (MARCELLINO, 2014).

Despite these potentialities, it is clear that the educational and leisure activities involving the theme of drugs are mostly based on prohibitionism (SOARES, 2007; PASQUIM; LACHTIM and SOARES, 2019), which resorts to authoritarian and stigmatizing discourses and projects, generalizing non-scientific information on drugs and drug users, creating stereotypes and caricatures, and reinforcing the ideology that supports the drug system as defined by Baratta (1994). The drug system is socially dominant and is based on a functionalist perspective, which leads to a dead-end cycle of individuals persevering in abstinence and the State legitimizing the cruel persecution of the poor – involved in the harmful environment of drug trafficking – and subsidizing inefficient and backward treatments. This approach disregards the critical analysis that explains drug consumption as a consequence of drug production and distribution and of contemporary capitalist dynamics (SOARES, 2007).

In order to contribute empirical elements to mental health care studies, especially those involving drug use, our research aimed to understand the everyday representations of leisure, drug consumption and drug education expressed by mental health service workers.

2 METHODS

The daily representations of mental health workers were identified through qualitative research carried out in São Paulo, Brazil, along the lines of Emancipatory Action Research (CORDEIRO; SOARES, 2016), and collected in educational workshops (ALMEIDA; TRAPÉ; SOARES, 2013; SOARES, et al., 2009), which were recorded and later transcribed to capture the flow of participants' dialogues, interactions and reactions. In this case, the units of analysis were identified in an educational process through successive approximations, taking on the form of representational units.

Our analysis was based on the theory of everyday representations. Everyday representations include the range of manifestations of popular knowledge and culture. According to this theory, everyday representations express awareness of the aspects of reality (VIANA, 2015).

The analysis of everyday representations involves collecting and understanding representational units that express a contradictory and changing consciousness – in this case, changes in collective consciousness that took place during the educational process developed in the workshops. It is important to underscore that our aim is to access convictions and a deep-rooted consciousness, rather than only opinions, which are fleeting and volatile (LACHTIM; PASQUIM; SOARES, 2015). This rooted conviction or consciousness can be identified by analyzing structured narratives, repetitions occurring in different meetings and/or the collective consciousness that guide practices.

Before proceeding to the stage of capturing participants' convictions, the research was presented in all Psychosocial Care Centers for Alcohol and other Drugs – CAPS AD in the Central (2 CAPS AD units) and Southeast (8 CAPS AD units) regions of the city of São Paulo, and those interested on the theme were invited to participate in the study. It is worth mentioning that the persons contacted in the process of approving and presenting the research were essential to reach interested workers in other regions of São Paulo.

The participants in the action research were mental health workers at public services specializing in attention to drug users, who were approached after official authorization and previous interaction with the university. The criterion for selection was intention, that is, workers who participated in presentations at CAPS AD units and declared their interest were included.

Eleven health workers participated in the research – including physical education teachers (5), psychologists (3), harm reduction control professionals (2) and a social worker (1) – who will be referred to as internal researchers, as defined by Soares, Cordeiro, Campos and Oliveira (2018).

The theory of everyday representations requires identifying the position of individuals in society to understand how consciousness is configured. This information was collected during the workshops and is presented in Chart 1.

Chart 1 – Profile of health workers.

Participant	Sociodemographic data	Professional training and experience
T1	Male; 37 years old; Single; State public server; Works and studies.	Physical Education teacher. He completed the SUPERA course (System for the Detection of Psychoactive Substances Abuse and Dependence: Referral, Brief Intervention, Social Reintegration and Monitoring); holds a Master's Degree in Science and is a PhD student. He worked at several gyms, at NASF and at an Integrated Mental Health Care Center.
T2	Male; 25 years old; Single; Salaried and temporary worker; Works and studies.	Harm reduction agent. He studied at a state vocational school; Specialist in Corporate Social Responsibility and Sustainability; Undergraduate student in Law. He worked as a workshop instructor at adult CAPS and with harm reduction at CAPS AD.
T3	Female; 52 years old; Has children; Salaried and autonomous worker.	Physical Education teacher. She worked at state and private schools; clubs (swimming instructor); gyms; psychiatric hospital until 2015; as a personal trainer; and at CAPS AD.
T4	Female; 38 years old; Married; Has children; Public servant and self-employed.	Psychologist. She worked as a volunteer at PRO-AMJO (pathological gamblers), while also conducting neuropsychological assessments at her private practice. She worked at CAPS AD, where she held the position of unit manager between 2011 and 2014.
T5	Male; 34 years old; Married; Salaried and self-employed.	Physical Education teacher. He holds graduate degrees in Mental Health and Psychosocial Care and in Adapted Physical Activity and Health. Worked at CAPS Adult, on a temporary basis (2015 - 2016); as caregiver for young people with autism spectrum disorder (2012 - 2015); at a gym as a weight training instructor (2012); at the Butantã and Pinheiros Reference Center for Children and Adolescents (CRECA) as a social educator (2005-2008); at CAPS AD; and as personal trainer.
T6	Female; 26 years old; Married; Salaried worker.	Social worker. She worked as a caregiver at a children's home and as health agent at CAPS until 2015; and as a social worker at CAPS AD.
T7	Female; 32 years old; Married; On duty worker 12hx36h.	Harm reduction agent. Attended public school. Worked as a consultant (administrative work in collecting exams). In 2012, she started working with harm reduction in a therapeutic residence (children's home) linked to adult CAPS and CAPS AD.

T8	Female; 33 years old; Works and studies; Salaried worker; Married.	Psychologist. She is trained as Technologist and in H.R. Management. She started working at the age of 16 and worked as a supermarket cashier; cafeteria attendant; telemarketing operator; receptionist; human resources intern; human resources analyst; harm reduction agent (CAPS AD); and psychologist (CAPS Adult).
T9	Female; 25 years old; Works and interns; Receives a internship scholarship.	Psychologist. Attended public school. She started working with logistics as a merchandise separator, moving to quality control and then worked as a monitoring clerk.
T10	Female; 31 years old; Public servant and salaried worker; Married.	Physical Education teacher. Holds a graduate degree in Psychomotricity. Worked at children CAPS (2009-2010); CAPS AD (2010-2014); and CAISM and adult CAPS (since 2014).
T11	Female; 29 years old; Stable civil union with a business owner; Salaried and self-employed worker.	Physical Education teacher. Attended an exchange program in Portugal; a Professional Improvement Program, in 2014; a Specialization Program in Chemical Dependency, in 2015; works at the Recomeço Program since 2014 and as a personal trainer (self-employed).

Source: The authors.

Professional experience differed remarkably between participants. One of them had only 24 days of experience in the area; another one had been working for almost a decade with drug users; most participants were recent graduates and had a few years of professional experience. The group was composed of salaried workers, with double working days, that is, they had more than one job or worked and studied. Most of them were hired by non-profit health social organizations (OSS). Almost all participants were married and had undergraduate degrees, which gave them stable living conditions.

The workshops were coordinated by the responsible researcher T1 and by guests who were specialists in the topic addressed – who will be referred to as external researchers. Ten workshops of approximately three hours each were held at the Nursing School of the University of São Paulo in the first half of 2017.

These workshops served as data collection tools. For Soares et al. (2009) and Cordeiro, Soares and Campos (2013), educational workshops guided by the Emancipatory Action Research (EAR) method allow daily representations to come to the fore, because the process of instrumentalization in which workers participate is part of a broad participatory educational process.

EAR involves four criteria, namely: participation; process performed in spiral cycles; knowledge production; and transformation of practices (CORDEIRO, 2016). Emancipatory Action Research is not just any kind of reflection in action; it is a form of action-investigation that, while meeting the criteria common to other types of academic research (TRIPP, 2005), it informs the action that one decides to take to transform social praxis (CORDEIRO, 2016).

Cordeiro (2016) points out that EAR's explicit goal is to change the status quo, highlighting the need for and the possibility of social transformation, since knowledge is produced in order to reflect about problems presented by reality.

At each meeting, the methodology of educational workshops following an emancipatory approach (SOARES et al., 2018a) allows reflections and discussions on the proposed theme to be incorporated into the reflections and syntheses of previous meetings, thus producing new syntheses. Therefore, the assessment of the group's theoretical-practical needs served to guide the workshops' activities in our research. This process happened continuously. That is, as the assessments were being made, new reflections on health practice and new themes were addressed.

The themes covered in the workshops were the stigma of drug users; characteristics of sociability and of capitalist social relations; contemporary work and leisure; methodological and theoretical approaches to collective health; leisure activities in health services; drug education; social health needs; territory; object and purpose of health practices.

The critical synthesis built by the research group "Strengthening and Strain at Work and in Life: bases for collective health intervention," based on previous discussions and studies, was used as an initial framework for the educational workshops (SOARES et al., 2018b). The methodological-theoretical framework of the experiences of instrumentalization of Community Health Agents of Cordeiro, Soares

and Campos (2013), instrumentalization of school youngsters of Oliveira, Soares and Silva (2016), and instrumentalization of social institutions workers (SOARES et al., 2009) were used as references.

The research was approved by the Research Ethics Committee of the Nursing School of the University of São Paulo – EEUSP, by the Research Ethics Committee of the Municipality of São Paulo, and authorized by the Southeast and Center Regional Health Coordinators of the city of São Paulo.

3 RESULTS AND DISCUSSION

To put our results into context, the everyday representations will be presented, whenever possible, together with the corresponding strategies used in the workshops. The representations analyzed are shown in Charts 2, 3 and 4 to facilitate identification and analysis.

The analysis of representations requires capturing representational transformations in a dialectical movement. We thus decided not to present excerpts from individual speeches in order to highlight collective convictions.

The convictions will not be subdivided to differentiate representations from each professional category. Despite the specificity of each health specialty due to their different instruments, the collective worker, who cooperates with others in providing health care, shares the same objects of work and the same concepts about the object (ALMEIDA; TRAPÉ; SOARES, 2013). In the case of attention to drug users, it is also the collective work in the clinic that primarily underpins the intervention process and delimits the 'drug patient' as the object of the work. Everyday representations in this sense are common to collective health workers and pervade their daily lives. (Chart 2)

3.1 LEISURE

Chart 2 – Everyday representations of leisure.

Leisure activities are compensatory activities.
Deviant behaviors can be replaced by 'healthy leisure.'
'Therapeutic leisure' is part of the strategies for capturing and controlling users in health services.

Source: The authors.

To start questioning the notion of leisure, the proposing researcher asked the group to share how they enjoyed leisure in their daily lives. Playing the guitar, taking a long bath, listening to relaxing music and drinking beer were some of the activities remembered, as opposed to the everyday obligations of work and life, which were causes for strain and exhaustion. These, in turn, were associated with the dynamics of work that, among other strains, leads to competition among workers and to the need to seek courses and certificates that, in addition to work activities, results in a strenuous lifestyle. In this context, leisure was often associated with a time of relief and escape from routine, which was, therefore, compensatory.

In fact, leisure is not a completely disinterested activity nor does it mean completely free time. Capitalism generates social malaise while offering relief options,

submitting both to the market (VIANA, 2014). In capitalism, leisure plays both roles of relief and escape from alienated work (CUSTODIO; SOUSA; MASCARENHAS; HÚNGARO, 2009), whether it is in the shopping mall (PADILHA, 2008) or in the so-called Crackland – São Paulo's downtown area where crack cocaine is openly consumed and sold (ARRUDA; SOARES; TRAPÉ; CORDEIRO, 2017).

When asked to identify authentic and alienated leisure activities as a problematization exercise, respondents considered that there is no fully authentic or alienated activity. However, for the group, the current process of commodification favors alienated practices, including consumption of legal or illegal drugs, which have the same characteristics of any other commodity. They also argued that freedom to choose leisure activities is only the superficial aspect of the phenomenon.

Another everyday representation that stood out during the workshops was that leisure activities replace the desire to consume drugs, specifically those activities developed in the daily treatment provided by health services. Internal researchers compared them to activities that aimed, in essence, to correct the behaviors of users considered to be maladjusted and socially inadequate. It is worth noting that the same workers who previously reported drug use as a legitimate activity (drinking beer) to compensate for the strain of work and life, indicated, in the work context, that leisure activities aimed at drug users would prevent them from taking the 'path of drugs.'

They proposed a wide variety of healthy leisure options as an ideal solution to occupy time and help people undergoing treatment to seek pleasure without using drugs. This substitutive intention reveals a functional perspective on leisure, particularly one based on systematically combating drug use.

Over the course of the meetings, the collective catharsis produced by group reflection built a new synthesis recognizing that, even though some use patterns are generally related to greater harm, drug use is not a deviant form of behavior in itself, but rather a response to human needs. This synthesis is in line with the studies of Professor Henrique Carneiro (2002), who shows that drugs are historically a part of human rites.

When the group was asked to identify the primary goals of health care, an everyday representation characterizing mental health services' activities as therapeutic activities became evident. In this sense, leisure activities for preventive purposes were defined as 'therapeutic leisure.'

They argued that this therapeutic leisure would ease the monotony of services while attracting users, thus facilitating their emotional involvement. Mental health workers also considered that therapeutic leisure could sometimes be used as a reward or privilege for users who participate in activities considered noble, for example, individual consultations and 'verbal groups.' They also argued that enjoyment of leisure and the right to leisure do not happen in practice.

One of the workers recalled a drug user who was discharged from treatment because he was interested in playing football at the CAPS unit but refused to participate in activities qualified as serious by the service's standards. Therefore, in that unit, soccer was established as a reward for fulfilling some obligation, characterizing this approach as functionalist.

This mentality is associated with dominant concepts and values, which are based on social control. Its opposite is a mental attitude associated with human emancipation, based on anti-prohibitionist conceptions and values, because they are humanitarian and egalitarian (PASQUIM; SOARES, 2015).

The dominant mentality becomes apparent in cases where leisure assumes the function of a disciplinary matrix for drug users. This functionalist perspective ignores the social right to leisure (BACHELADENSKI; MATIELLO, 2010) and leisure's educational potential (FERNANDES; HÚNGARO; ATHAYDE, 2011).

As the meetings proceeded, the internal researchers identified the monotony of health services' daily routine as a problem related to institutionalization of activities rather than an attribute of the behavior of the users of these services. They realized that 'therapeutic leisure' is an institutional tool for moral control and treatment.

Finally, they concluded that it would be important to develop strategies associating social production of culture with health education. This would allow understanding the fundamental pillars of the dominant way of thinking about freedom and free time, especially commodification, social competition and the bureaucratization of people's lives.

In addition, participants suggested two educational proposals. The first is promoting reflections on leisure among drug users and the constitutional right to leisure. The second is encouraging the enjoyment of self-managed, creative and authentic practices among health service users.

3.2 DRUG USE

Chart 3 – Everyday representations on drug use.

Using drugs is an individual choice.
Chemical-dependent people have no willpower.
Marginalized groups are targets of authoritarian diagnoses and actions in drug-related healthcare services.

Source: The authors.

Internal researchers were encouraged to reflect on what they would like to abolish at work, in society and in politics. During this discussion, participants repeatedly expressed the everyday representation that drug use is an individual choice. (Chart 3)

In fact, public opinion tends to suggest that the individual is solely responsible for using drugs, which expresses a liberal position, thus indicating, according to Santos and Soares (2013), an ideology that sees drug use as independent of social dynamics and that idealizes drug consumption as a phenomenon isolated from a society's production system and ways of life.

In the workshops, mental health workers talked about drug users' feelings of weakness and lack of willpower and, at the same time, identified drugs as a villain, an enemy. As Santos and Soares (2013) showed, this perspective understands drugs primarily as a fetishized commodity, thereby reproducing an ideology that creates a reified consumer-subject and humanized drug.

To highlight this fetishization as an important phenomenon in the social production of drugs as commodities, the educational workshops adopted the expression 'consumer of drugs,' in line with other authors addressing collective health (OLIVEIRA; SOARES; BATISTA, 2016; PASQUIM; SOARES, 2015).

If drugs are valued as a personal relief commodity that responds to contemporary malaise, care must be integrated with a conscious search for collective responses to social health needs. We advocate here a process of disalienation, even considering the current dissemination of liberal values associated with individuality, both in pursuing goals and in solving problems and responding to social pressures, disregarding that possible responses are developed in relationships that are socially established.

Another strategy developed in the workshops was a group discussion of the article *Mental illness is a result of misery*, yet still we stigmatise it, by Richard Bentall, published in *The Guardian* (2016). This activity resulted in the expression of an everyday representation of marginalized groups as targets of authoritarian diagnoses and actions. Such representation is in line with the facts reported by the workshops' collective.

The discussion of this article revealed the stigma against psychiatric patients present in health rhetoric, a stigma related to the claim that these persons suffer because of supposed brain defects. In the specific case of drug users, the problem would be limited to the brain's reward system. Participants reported this stigmatizing rhetoric as very common in the daily routine of health services.

This kind of discourse is questionable precisely because it concedes an absolute and unilateral power to drugs. For Fraser et al. (2017), this approach disregards the possibility of analyzing the reality of individuals, thus contributing to the process of social stigmatization of people who use drugs.

It is no wonder that the terms 'drug addict' (VELHO, 1999) and 'mentally ill' (AMARANTE; TORRE, 2010) are used derogatorily or as accusation. They serve to invalidate the humanity of each person and of their attitudes.

The idea of an inevitable escalation of drug use into addiction was challenged by the group of internal researchers. In the experience of these health workers, addiction was the exception rather than the rule. We may thus affirm that attributing to drug consumption the inevitable result of abusive use and, consequently, of a path of no return towards dependence, is a simplified and illusory representation of reality. For Hart (2017), this point of view limits the potential of health workers who care for people who use licit or illicit drugs.

In the workshops, health workers also said that the problems associated with drugs usually involve chronic suffering largely related to social abandonment and insecurity. They mentioned Bolivian immigrants as an example of a marginalized social group, which are often the targets of stigmatizing health rhetoric in the daily life of the city of São Paulo. These persons face enormous barriers to access public health, education and cultural services.

The workshop participants' opinion was that the epidemic outbreak among these marginalized groups is not of mental disorders, but of diagnoses. However,

this widespread opinion does not seem to mobilize everyday actions beyond mere compensatory and individual practices.

The group mentioned authoritarian public health and judicial interventions, such as incarceration and mass compulsory detention, as a vague and generic instrument equivalent to a 'hunt' for individuals diagnosed as drug addicts. In fact, Sidarta Ribeiro and Luís Fernando Tófoli (2018) argue that preaching abstinence to everyone is ineffective and unrealistic.

In this sense, it is urgent to understand the roots of the health-disease-care process, which would mean recognizing the origins of the disagreements and frustrations arising from the reproduction of work practices that reiterate the traditional treatment given to drug users by health services, centered on the imposition of abstinence and usually leading to failure and relapses during and after treatment.

Criticisms of pharmacological and psychiatric approaches to drug use are aligned with a collective health perspective (PASQUIM; SOARES, 2016; SOARES; CAMPOS; LEITE; SOUZA, 2009; ARRUDA et al., 2017; PASQUIM; SOARES, 2015; SANTOS; SOARES, 2013) and also with results from studies conducted in other areas of knowledge (HART, 2017; LEVINE; SIEGEL, 2015; HEIM, 2014; FRASER, 2017).

3.3 DRUG EDUCATION

Chart 4 – Everyday representations of drug education.

Lack of information about risks explains drug experimentation and abuse.
Hegemonic drug education is based on a fear-inducing approach.
The aim of drug education should always be to prevent drug use.

Source: The authors.

The discussion about support materials for drug education exposed the representation of the lack of information on risks explaining drug experimentation (Chart 4). At that time, part of the group expressed the understanding that society is usually permissive in relation to drugs, and that is why it is difficult for people to say no to them. However, after watching the documentary *Crack – é possível entender* (*Crack – You can understand it*), the internal researchers criticized the hegemonic approach to drug education and observed that the reality of the drug commodity and its production-distribution-consumption in capitalist society is absent from the educational process.

They reported that, in their experience, drug education programs use only negative strategies for disseminating information, focusing on illicit drugs, and evaluated educational programs aimed at frightening people as useless, as if they were enough to keep young people away from drugs. On the contrary, what these approaches manage to achieve is preventing young people from seeking health workers to clarify any doubts related to substance use, or even from seeking help.

The risk paradigm is, in most cases, adopted by workers who share the prohibitionist view (CARDOSO; PAIXÃO; SOARES; COELHO, 2013). However, mental

health is too complex to be approached by resorting to simplifying practices based on prohibitionism and on the goal of correcting personal or social maladjustments.

According to Pasquim and Soares (2015), the risk paradigm of public policies on drugs proposes a multifactorial understanding. According to this understanding, imbalance in any of the factors would generate abuse or at least the risk of relapse. In this case, leisure is seen as a protective factor. Instead of the notion of risk, a Collective Health approach addresses the social determination of health for which risk is not just an interpretive model, but a disciplinary matrix (BREILH, 2015) that submits reality to idealistic models.

Epidemiology of risk and treatments focused on abstinence or on reducing drug use limit the understanding of the problem and attribute to drug users the false identity of disordered persons (FOMIATTI; MOORE; FRASER, 2017). In addition, the binary opposition between drug use and self-care is questionable. Moore, Pienaar, Dilkes-Frayne and Fraser (2017) demonstrated that the history of drug users may include health care. According to Cordeiro, Godoy and Soares (2014), the perspective of harm reduction may offer an alternative to health practices focused exclusively on abstinence.

Considering that drug education must always prevent drug use can be viewed as an illusory conviction (SANTOS; SOARES; CAMPOS, 2010). It is a conviction because it was expressed in different workshops and seems to be rooted in the group participants' daily practices. It is illusory because since time immemorial it has been impossible to avoid people's contact with drugs. In addition, not every user will make a health-harmful use of them.

In one of the group's last meetings, mental health workshops were addressed as privileged tools for health education (KINKER; IMBRIZI, 2015), which can be used in association with other strategies for therapeutic purposes. These workshops can play an emancipatory role when they foster creative practices and a critical analysis of repetitive practices (SOARES et al., 2018a; GODOY-VIEIRA et al., 2018).

From then on, the group recognized that this strategy focused on education could integrate leisure content. In this case, leisure workshops could be aligned with harm reduction in a radically participatory educational process guided by a chain of strategies for promoting productions, reflections and discussions on the theme.

In this case, the leisure workshop would be a pedagogical experience with potential to problematize leisure among drug users today. As a pedagogical experience, it differs from mere occupation of time and must involve cyclical processes of planning, development and evaluation.

3.4 OVERALL ANALYSIS OF THE WORKSHOPS

The workshops mapped ideological representations about drug use and also pointed out the urgency to build a theoretical-methodological framework for a critical assessment of traditional leisure activities offered in health services aimed at drug users.

There are many antagonistic views and interests among those who seek to address the drug problem (PASSOS; SOUZA, 2011; SOUZA; CARVALHO, 2015). Our

study highlights the need to overcome therapeutic leisure and other leisure activities as a decontextualized protection factor. To that end, we propose educational leisure workshops as a provocative and privileged method of drug education in mental health services. However, more studies are needed in order to develop strategies coherent with the educational potential of activities that produce culture and problematize leisure also outside the context of mental health services.

In addition, a political struggle, both inside and outside mental health services, is also clearly fundamental for transforming health practices in society.

4 CONCLUSIONS

This action research enabled an understanding of attention to drug users and encouraged changes in current practices. Participants developed critical analyses of the topic and indicated the urgency to overcome conservative and controlling interventions. The changes occurred during the action research process proved to be qualitatively relevant. The convictions that have not changed completely during the workshops reiterate the association of drug use with deviation.

Participants reported that the predominant mentality about drug users and drug education has been associated with conservative and prohibitionist views. In addition, leisure activities at CAPS AD units were described as a method for controlling users.

We suggest the adoption of educational leisure workshops guided by an emancipatory perspective to integrate health care and harm reduction. It would enable reflection on these matters and formulation of social criticism aimed at overcoming the preventive and prohibitionist approaches.

Therefore, we present two proposals for educational leisure workshops on mental health services focused on alcohol and other drugs. The first proposal is to promote reflections on leisure and the right to leisure among drug users. The second one is to encourage the enjoyment of self-managed, creative and authentic practices among health service users.

The leisure workshop is a pedagogical experience that can potentially problematize leisure among drug users today. As a pedagogical experience, it differs from mere occupation of time and must involve cyclical processes of planning, development and evaluation.

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Resumo: Objetivo: Compreender as representações cotidianas de trabalhadores da saúde mental sobre lazer, drogas e educação. Método: pesquisa-ação emancipatória, desenvolvida em dez oficinas, com 11 participantes de serviços de saúde mental. A análise baseou-se na teoria das representações cotidianas. Resultados: A mentalidade dominante, relativa a consumidores de drogas e à educação nessa área, mostrou-se conservadora e proibicionista. O lazer terapêutico tradicionalmente usado nos serviços foi representado criticamente como método de controle dos usuários. Conclusões: Sugere-se a adoção de oficinas educativas de lazer de caráter emancipatório em serviços de saúde mental, álcool e outras drogas.

Palavras chave: Atividades de Lazer. Educação em saúde. Centros de Tratamento de Abuso de Substâncias. Saúde Mental.

Resumen: Objetivo: Comprender las representaciones cotidianas de trabajadores de la salud mental sobre ocio, drogas y educación. Método: investigación-acción emancipadora, desarrollada en diez talleres, con 11 participantes de servicios de salud mental. El análisis estuvo basado en la teoría de las representaciones cotidianas. Resultados: la mentalidad dominante con respecto a los consumidores de drogas y a la educación en el área se mostró conservadora y prohibicionista. El ocio terapéutico, tradicionalmente utilizado en los servicios, fue representado críticamente como un método de control de los usuarios. Conclusiones: se sugiere la adopción de talleres educativos de ocio de carácter emancipador en los servicios de salud mental, alcohol y otras drogas.

Palabras clave: Actividades Recreativas. Educación en Salud. Centros de Tratamiento de Abuso de Sustancias. Salud Mental