Fomento à iniciativas de economia solidária com usuários de álcool e outras drogas em situação de rua: relato de experiência

Promotion of solidary economy initiatives with users of alcohol and other drugs in street situation: report of experience

Fomento a iniciativas de economía solidaria con usuarios de alcohol y otras drogas en situación de calle: relato de experiência

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RESUMO: O presente trabalho relata a experiência de fomento de uma iniciativa de economia solidária com usuários de álcool e outras drogas que se encontravam em situação de rua e abrigados em instituição religiosa em uma cidade do interior do estado de São Paulo, no período entre 2013 e 2015. Foram utilizadas rodas de conversa como metodologia para o trabalho. Os encontros eram abertos a todos os moradores da comunidade, resultando em número flutuante de participantes por encontro. Os participantes tinham entre 17 e 62 anos e suas ocupações anteriores eram, em sua maioria, na área de construção civil e na área rural. A maior parte dos moradores da comunidade fazia uso abusivo de substâncias psicoativas. Nos encontros, foram discutidos temas acerca do trabalho e da economia solidária e, a partir disso, constituiu-se um grupo destinado a produzir artesanatos diversos, a partir da afinidade de cada um, no qual a renda obtida era administrada pelo próprio grupo. O escoamento dos produtos se deu principalmente com a participação de seus membros na feira de Economia Solidária que acontecia semanalmente em uma Universidade da cidade. Durante o processo de finalização das atividades, observamos que o grupo desenvolveu maior autonomia e passou a se organizar melhor coletivamente, sendo que os integrantes indicaram o desejo de continuar com as atividades, mesmo sem a presença do projeto.

Palavras-chave: Economia Solidária, População em Situação de Rua, Usuários de Álcool e Outras Drogas.

ABSTRACT: This paper reports the experience of promoting a solidarity economy initiative with users of alcohol and other drugs that were in a street situation and housed in a religious institution in a city in the interior of the state of São Paulo, between 2013 and 2015 Wheels of conversation were used as methodology for the work. The meetings were open to all residents of the community, resulting in a floating number of participants per meeting. The participants were between 17 and 62 years old and their previous occupations were, in the majority, in the area of civil construction and in the rural area. Most of the residents of the community made abusive use of psychoactive substances. In the meetings, topics were discussed about work and solidarity economy, and from

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this, a group was created to produce diverse crafts, from the affinity of each one, in which the obtained income was administered by the own group. The products flow was mainly with the participation of its members in the Fair of Solidary Economy that happened weekly in a University of the city. During the process of finalizing the activities, we observed that the group developed greater autonomy and began to organize better collectively, and the members indicated the desire to continue with the activities, even without the presence of the project.

Keywords: Solidarity Economy, People in Street Population, Users of Alcohol and Other Drugs.

RESUMEN: El presente trabajo relata la experiencia de fomento de una iniciativa de economía solidaria con usuarios de alcohol y otras drogas que se encontraban en situación de calle y abrigados en institución religiosa en una ciudad del interior del estado de São Paulo en el período entre 2013 y 2015 Se utilizaron ruedas de conversación como metodología para el trabajo. Los encuentros eran abiertos a todos los habitantes de la comunidad, resultando en número flotante de participantes por encuentro. Los participantes tenían entre 17 y 62 años y sus ocupaciones anteriores eran, en su mayoría, en el área de construcción civil y en el área rural. La mayoría de los habitantes de la comunidad hacían uso abusivo de sustancias psicoactivas. En los encuentros, se discutieron temas sobre el trabajo y la economía solidaria y, a partir de eso, se constituyó un grupo destinado a producir artesanías diversas, a partir de la afinidad de cada uno, en el cual la renta obtenida era administrada por el propio grupo. El flujo de los productos se dio principalmente con la participación de sus miembros en la feria de Economía Solidaria que ocurría semanalmente en una Universidad de la ciudad. Durante el proceso de finalización de las actividades, observamos que el grupo desarrolló mayor autonomía y pasó a organizarse mejor colectivamente, siendo que los integrantes indicaron el deseo de continuar con las actividades, incluso sin la presencia del proyecto.

Palabras-clave: Economía Solidaria, Personas en Situación de Calle, Usuarios de Alcohol y Otras Drogas.

INTRODUCTION

The Brazilian Psychiatric Reform had its effectiveness guaranteed in 2001 approved by Federal Congress in Law 10.216, also known as Paulo Delgado Law, in which redirects assistance in mental health ensuring the protection and rights of people in psychic suffering and favoring the offer of treatment in community and territorial basis, aiming the reintegration of those ones in the community.^{1,2}

Different services and programs have been placed and executed aiming at reaching transformations in mental health assistance and so getting a reduction in psychiatric beds and the closing of psychiatric hospitals as well as proposing new ways of care; such as outdoor treatment, initiatives in social inclusion by work, cultural and craft workshops in psychosocial service.^{1,3,4}

As one of the results of this process in 2011 Administrative Rule n 3.088 created a Psychosocial Attention Network (RAPS), in Brazilian Public Health System, for those suffering from mental disorder and in need from the use of alcohol and other drugs.⁵ It is important to note that the Administrative Rule that implements RAPS makes no distinction between mental disorders and the ones caused by the use of alcohol and other drugs, even though, there are different services due to the characteristics of the population that meet.

RAPS is formed by the articulation of basic health care and specialized in psychosocial services, attention of urgency and emergency, accommodation of transitory character attention, clinical care and deinstitutionalization strategies created by Therapeutic Residential Services and, psychosocial rehabilitation that is composed by initiatives of employment and income, solidarity or social cooperative enterprises.⁵

Saraceno⁶ considers the psychosocial rehab as a set of oriented strategies to increase the opportunities for exchanges of resources and affection between the individual and the context in which it is inserted. By this perspective, the investment should promote the opening of places for the exchange as enable the right to social relation and participation, a process that is given, mainly by the strengthening of social network, like family and community and encouragement and appreciation of work with meaning and social value. Creating social cooperatives, for example, has an important role in this process since they allow the individual to assume their rights as workers and use their autonomy.⁶

The enhancement of work as an instrument of social inclusion of users of Mental Health services is considered one of the main challenges of Brazilian Psychiatric Reform.^{1, 7} As a way to overcome this challenge and face the exclusion of people in psychic suffering from the market, the Reform comes along the movement of Solidarity Economy and since 2004 these movements work together creating important device and strategies to consolidate proposals in the field of mental health.^{8, 2, 9}

Solidarity Economy is presented as an alternative to capitalism, marked by individualism and fierce competition because it has as principles self-management, collective work, democracy, free access, collective ownership of means of production, equivalence of activities, equal profit sharing, shared rights and responsibilities, cooperation,... and also it enables autonomy and democratization for the involved individuals since work is also a form of social insertion and exercise of citizenship.^{10,1}

This economic model represents not only another way of work organization but it also assumes a political positioning against the desire to build working and economical relationships guided by solidarity and reduction of inequalities.¹⁰

Solidarity economical enterprises seek to develop skills and the insertion of people in a situation of exclusion, initiating the integration of them into society and their appreciation.¹¹

Among those found in a social disadvantage situation that can benefit from the Solidarity Economy as a way of inclusion at work are the ones living on the street, homeless. The National Politic for Homeless12 defines this population as (...) diverse population group having in common extreme poverty, broken or fragile family connection and lack of a place to live and that uses public patio and degraded areas as household and support, permanent or temporarily, as well as overnight foster shelters temporarily or as provisional housing.

However, what is known is that there is not a single profile of a population, so homogeneity is far from being a pattern. Even having frequent characteristics, like being male and in a situation of extreme material deprivation, how each single person ends up on the street and develops his way is unique.^{13, 14}

In Brazil, the census uses the household as a reference, what makes it difficult to quantify such population. The I National Survey on Homeless Population was taken between 2007 and 2008 based on the need of getting data and real information about them in an attempt to propose public policy more consistent with the effective demands¹⁵.

This survey detected 31.922 homeless adults in the 71 cities it was taken. It was identified a majority of males (82%), in age between 25 and 44 (53%), brown-skinned (39, 1%), having low income (R\$20,00to R\$80, 00/weekly) (52, 6%); From the surveyed, the majority cold read and write (74%) Among the population investigated, 45, 8% has always lived in that city at the time of the survey. Regarding family relationship, 51, 9% had at least one relative living in the same city, although 38, 9% hadn't had contact with them. On the reasons they ended up on the streets, abusive use of alcohol and other drugs were mentioned (35, 5%), unemployment (29, 8%) and family conflicts (29, 1%). The survey emphasizes that 71.3% mentioned at least one of these three reasons, correlating them or relating one as a consequence of the other.

Regarding working relationships 70.9% claimed to have a paying activity; therefore, they can be considered workers. Among the described activities it was mentioned those related to recyclable material collection (27,5%), civil construction (4,2%) and loader/longshoreman (3,1%). Still, 58.6% claimed to have a profession. It is important to mention that only a minority begged for money on the street to survive (15,7%), which comes against to the idea of common sense that most of this population are beggars. Only 1.9% claimed to have a formal work at the time of the survey, and the majority answered that such situation happened at a long time ago (50%) (more than 5 years ago); 22, 9 %(2 to 5 years ago). From the interviewed, 7.7% had never had a formal job.¹⁵

The integration into working in solidarity economic for this population represents the possibility to establish or restore bounds and to strengthen them, also to give the feeling of belonging and reinforcing backgrounds.¹⁶

Despite the evident contribution of solidarity economy as an alternative of social inclusion using the work for the homeless, there are still few acts on this perspective, consequently, very little Identifying the need of encouragement actions using Solidarity economy initiatives for this population in an inland city of São Paulo, The Solidarity Economy Center of a University of the city developed a project aiming to aware the homeless on the streets to get involved with Solidarity Economy. The project took place inside a community of a religious shelter that houses men living on the streets and also users of the Psychosocial Center of Attention_ Alcohol and other drugs (CAPSad) that have no place to live. The institution is not a rehabilitation center, therefore there is not specialized attendance.

The aim of this report is to present the activities developed by this project, which consisted of an intervention with the homeless people sheltered in this institution from the awareness and involvement with solidarity economic working experience enterprises and tried to stimulate and encourage the creation of an income and labor generated self-managed group.

METHODOLOGY

The general strategy of the project was to produce scientific and technological knowledge aiming to develop the conceptual and methodological debate related on social inclusion by working people in situation of social disadvantages and Solidarity Economy and to action in the social reality and to the formation of different social actors.

The development of this project took place in two phases. The first, from 2013 and 2014 was weekly and it aimed to aware the sheltered people in the institution for the engagement on working experiences in solidarity economic enterprises. During the intervention, a talking circle to discuss working related themes was the methodology used. Many resources were used to boost meeting and technical visits to popular cooperatives of the city.

During 2014 until 2015, the second phase of the project aimed the development of productive activities that could be collectively commercialized in the weekly Solidarity Economic Fair of a University of the city. The weekly project was developed through talking circles based on solidarity economic principles, with facilitation of dynamics and workshops where the taught techniques could be tried by the participants of the group.

The project was followed by weekly supervision of the whole team and developed in field by a incubation technician and two extension students of Occupational Therapy Program of the University.

RESULTS AND DISCUSSION

The religious institution where the project was developed has branches throughout the state ISSN 1982-8829 Tempus, actas de saúde colet, Brasília, 11(3), 259-272, 2017 - Epub mar, 2018

of São Paulo and headquarters in the city of the University and, it only shelters homeless men, for free. The institution had only religious missionaries in its team and it did not have relation with the City Hall or any other public institution. It only worked philanthropically.

The residents are responsible for the maintenance as well as the internal organization of the tasks. The place receives donations of different kinds and keeps a garden that is also maintained by the residents. This institution does not set a maximum stay time just like its doors are always open to new residents and allows them to search for work, take care of the health, and visit family in order to strengthen ties. Thus, there is a great rotation of residents in the community, and, consequently, of participants of this project.

The project was done from December 2013 to July 2015, and it took place in two different moments- the first was in 2013 and 2014 and the second in 2014 and 2015. The intervention was made in meetings open to all community residents. Despite the floating number of participants in the meetings, it was kept an average of 7 to 12 members, on the ages of 17 to 62 years old. Altogether, 112 people participated in the project

At the time of the project no resident of the institution had a remunerated activity. From previous work experiences, the majority had worked in civil construction and in the rural area;

During the first part of the project the therapeutic demands of this population was evident since the institution did not have staff for therapeutic monitoring. Participants had difficulties talking about work because the reasons for abandoning it, the weakening of social network and going to the streets where related to the abusive use of psychoactive substances. Therefore, talking about working meant the possibility to have financial gain and that represented risk of relapse.

The reality lived by this homeless people is due to the existing social exclusion process in Brazil, however, it goes beyond economy, since it is also characterized by lack of social belonging, prospects, difficulty in having access to information and loss of self-esteem, thereafter health and mental health problems are caused.¹⁷

Drug use has been present in the dawn of history and is mainly linked to religious rituals. Nevertheless, it was from the isolation and industrialization of active ingredients of psychoactive substances in the 19th century that a larger variety and stronger drugs has become more accessible to all layers of society. ^{18, 19}

The Union first interventions in drug enforcement date of the 20th Century, and Brazil is one of the International Convention Signatories for the suppression of drug trafficking and the use of psychoactive substances, resulting in the formulation of a national policy aligned to a prohibitionist speech. In the 1970s, such interventions have become influenced by medicine, which gave theoretical and scientific support to legitimize the control of drug use. Drug users started to be

identified as sick or criminal, thus, they were allocated to mental hospitals for treatment.19, 20 It was only in 2003 that Brazil implemented the Care Policy for Alcohol and Other Drugs Users and, to Machado e Miranda²⁰

(...) The Ministry of Health acknowledge that there was a historical backwardness of the Unified Health System (SUS) in taking responsibility for addressing problems associated with alcohol and other drugs. This delay refers to two aspects that characterize the history of interventions of the Brazilian leaders in the area of alcohol and other drugs: approaches, interventions and politics were unique and predominantly developed in the field of justice and public security; and the difficulties in dealing with problems associated with alcohol and other drugs in the public health agenda (p.802)

To understand the importance of the relationship between work and the use of psychoactive substances it should be taken in consideration the consequences of such use that can affect working relationship and the organization and development of labor as factors that can be decisive in the worker drug addiction.¹⁸

Carillo and Mauro²¹ maintain that, despite multiple factors, the possible vulnerability of circumstances in the workplace involving stress by the function, precarious space and stimulation of competitiveness between workers can be related to the use of alcohol and other drugs. In other words, for many people the working environment may have been the trigger for the abusive use of alcohol and other drugs. In these cases, the return to work can pose a threat, a risk of relapse.

To Araújo²² (p. 89), the reasons that there is a population living on the streets is multifactorial, because each person has a linked history to "economy, migration, family breakdown, unemployment, urban violence, drug addiction, alcoholism, among others." One of the main reasons for going to the streets is the use of alcohol and other drugs, in addition to unemployment and family disagreements.²³

However, despite the difficulties because of the lack of a professional who works with mental health issues in the institution, it was evaluated that the people involved in the project had great potential to work and they were moved by the solidarity economic principles. Yet, without therapeutic monitoring the insertion of these people in solidarity economic enterprises of the city was more difficult, because the risk of relapse and the disorganization of when leaving the community would be great. At the end of this step, it was recommended that the institution hired a professional to work with the therapeutic needs of its residents. The institution partnered with a psychologist to those that wanted.

From this assessment the second phase of the project begun, in which it was discussed the principles of solidarity economy opposing to capitalism, the participants previous working experiences, the possibilities for income and the construction of a solidarity economic project. It is worth noting that the use of psychoactive substances and the difficulties on money management were common to most of the participants and were always on debate. Due to the rotation of the residents on the institution, it became necessary that the principles of solidarity economy had to be constantly resumed in the meetings.

One of the main tasks nowadays is to enable alternatives for income to these homeless and all society, including the government, take charge of this task.¹⁷

The challenge is to develop alternatives to suit the reality of those who live on the streets, especially taking into account the stage where they meet. In this sense, some projects that have achieved success are designed as gradual resumption of productive activity, combining labor activity, income transfer, social monitoring and provision of educational spaces. In this field, beside the difficulties of the activities themselves, serious obstacles in current legislation were found. (p. 10)¹⁷

Through discussions on solidarity economy, the participants became familiar with the subject and chose to start a collective production experience along the lines of it. The group developed craft experimentation workshops based on the residents previous experiences in order to define a product to be marketed. During this period the artistic productions went through several aspects: literary work, drawing and painting, craft production from recycled materials, crochet, macramé and ceramics.

This process was eased and influenced by the fact that many participants had already had contact with artistic production at some point in their lives. Some of the participants worked with such activities, others not and still some returned to work from the interventions or started to from the contact with them.

It was possible to observe that the developed activities had two different positions in the participants' lives: for some they were related to leisure and for others, work activities. These different experiences and some participants' previous contact with artistic activities defined the involvement and the posture of them in the activities from our intervention.

We found that only a small part of the participants associated these workshops as an opportunity to (re) insertion in the working environment. The other participants understood the workshops as a therapeutic space and/or a moment of occupation to escape the boredom of everyday and having difficulty to think of the job as a right.

This is also discussed by Silva e Lussi²⁴ in research about labor integration of mental health users. The authors consider that in Brazil the character assigned to the job is still very ambiguous by both the services in mental health and the users themselves, once it is designed as a therapeutic instrument and others as the only and exclusive way to exercise citizenship.

Lussi and Morato²⁵, in a survey of users of mental health services participating in incomegenerating activities, also found this association between work, time use and therapy. The authors point out that the work is seen both therapeutically, using the term therapy as a synonym for work, and as a way to combat idleness, as something that is part of everyday life and it ensures something to do which leads to a difficulty for them to enjoy working with values and social rights.

One working insertion experience using solidarity economy with these homeless people identified that there is an antagonistic participation by them in the solidarity economy. If on one hand, solidarity economy can provide emancipation, participation and the recognition of these people in society, on the other hand there is a capitalist culture in relation to the sale of workforce.²⁶

Such population struggle to have a solidarity venture because when thinking of a job offer, they want a "job" as an economic activity carried out by a contract which is characterized by signed working papers. $(p.8)^{26}$

The difficulty of them in understanding the logic of self-managed work, collective decision, autonomy and independence is probably related to their own history of painful losses. However, the capitalist market that mainly aims for profit and encourage competitiveness, does not include this population. Solidarity economy is a qualified alternative to insert them cautiously into the working business with technological support.²⁶

It was debated self-managed work as a right opposing to therapeutic one. Gradually the participants started to understand this perspective. It was also possible to observe the difficulty many of the participants had in possessing and administrating money during the process. This fear was also experienced and reinforced by the direction of the religious institution that ran the place and imposed some limits for this direct contact. Therefore, even if the generation of income was considered something positive for the participants, it was more due to the production process and social inclusion opportunities, and the income generation was placed in the background or avoided by many.

Involvement with money is an obstacle to the inclusion of alcohol and other drug users in income generation projects, since the possession can constitute a risk factor for the use and abuse of such substances, spoiling the treatment. Still, the inclusion of these people at work is important as an essential and final part of the psychosocial rehabilitation proposal.²⁷

In the study by Oliveira²⁶, the difficulties to labor insertion of the homeless in income generation projects in Juiz de Fora- MG, the group autonomy and independence was harmed by the constant presence of employees hired from a municipal association partner of the projects. For the author, this interference unabled positioning in negotiations with the association once the employee was responsible for all of the decisions of income generation project, housing, transportation and food of the participants.

The year 2005 begun with a new step for the project, they had to form a group that started to act autonomously in the collective decisions. This phase was an incubation time for the production of the self-managed group and marketing of the craft.

From that moment the group felt more confident and could establish rules for handicraft, use of materials and money management. By doing so, the group incorporated the principles of Solidarity Economy and became protagonists when negotiating rules with the institution. The discussions were about work in the capitalism as solidarity, the use of psychoactive substances and management of money. Since the institution did not allow them to keep the money while they were sheltered, it was decided that the resource gotten from the sales would go to a solidarity fund and each participant would have its withdrawal when leaving the institution. It is important to note that there was a reduction of participants at this time of the project, with an average of 5 to 10 per meeting.

In the study of Ghirardi et al.²⁸, the authors report a proposal of intervention that started debates on cooperative to homeless people, in order to develop alternatives to social and labor exclusion. The closure of this proposal was given because of the absences, which resulted in a progressive estrangement of them and a collective demobilization.

As in the study already mentioned by Oliveira²⁶, the authors point out that a factor that may have interfered the access in the discussions and in the organization of a cooperative project is the capitalist logic and its social representations of work.

This way, the organization around a cooperative work was characterized for some participants of the group not as a possibility to employment and income, but as a temporary alternative, given the current unemployment situation. The need to search for a job daily was constantly emphasized by some of the group. So sometimes the discussion on cooperative was irrelevant for the group recognition as employment being the only desirable way of work and this perspective surely opposed to the articulation of people around a collective work (p.607)²⁸

For Oliveira²⁶, the persistence and consequent rotation of cooperative members demand that

The working and income generation projects need to seek strategies to encourage the search for autonomy, rescuing citizenship and touching these men to get involved and committed to the proposals an enhance their perspectives (p.09)26

Later the group named themselves as Mãos e Artes (Hands and Crafts) and started a bigger production of handicraft. The sale of these products was by two means, the first from a partnership with a professional of the institution, that displayed them in places she worked and the second by the participation of the members in a weekly solidarity economic fair from a University of the city. The existence and participation of the members in the market of social trades were possible because of the exhibition of the work in this solidarity economic fair. For the participants, the mere fact of leaving the community, to go to new places, establishing new relationship was one of the most significant contributions of this project. At this moment we ascertain the importance of working as a social role that can allow these situations and relations.

The work is seen as a mean of personal satisfaction and a possible producer, an element

that transforms the lives of people, as a increaser of purchasing power and independence, as emancipator resource and an enabler and enlarger of social relations.^{25, 29} The job is done as a social inclusion tool²⁹, in the sense of psychosocial rehabilitation, as a great part of this process.

Concluding these actions, the group started to live the principles of solidarity economy in practice and not only in theory, and from an evaluation of the activities at the end of the project they indicated the desire to continue to be part of the group (even new residents showed this desire), measuring the intervention as positive.

CONCLUSION

Capitalism tends to exclude a great portion of the population that does not correspond to the productivity logic, among them are the homeless people that most of the times have problems from the abusive use of alcohol and other drugs which unable them to its performance. Thereby, the Solidarity Economy initiatives present themselves as possible ways of life production, security of rights and participation for this population.

This project identified the potential of work of Solidarity Economy as a possibility to reintegrate the production market and social trades and the strengthening of the role of the individuals that were social excluded.

The importance of developing programs, strategies and public policies for the implementation of initiatives of self-managed solidarity economy for people on the streets because of abusive use of alcohol and other drugs that broke ties is reinforced just as the need for more study and publications of the subject.

This project was financed by the Ministry of Education by Public Notice PROEXT 2013 and PROEXT 2014 and also by the National Board of Scientific and Technological Development - CNPq - Process no 310685/2012-5

BIBLIOGRAPHIC REFERENCES

1. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Saúde mental e economia solidária: inclusão social pelo trabalho. Brasília: Editora do Ministério da Saúde, 2005.

2. Brasil. Lei n. 10.216 de 6 de abril de 2001. Dispõe sobre a proteção e os direitos das pessoas portadoras de transtornos mentais e redireciona o modelo assistencial em saúde mental. Diário Oficial da União 2001.

3. Amarante, p. Saúde mental e atenção psicossocial. 3 ed. Rio de Janeiro: Editora Fio Cruz, 2007.

4. Amarante P, Belloni F. Ampliando o direito e produzindo cidadania. In: Pinho, KLR, et al. (Orgs.). Relatos de experiências de inclusão social pelo trabalho na saúde. São Carlos: Compacta gráfica e editora, 2014.

5. Brasil. Ministério da Saúde. Portaria Nº 3.088, DE 23 de dezembro de 2011. Institui a Rede de Atenção Psicossocial para pessoas com sofrimento ou transtorno mental e com necessidades decorrentes do uso de crack, álcool e outras drogas, no âmbito do Sistema Único de Saúde. Diário Oficial da União 2011.

6. Saraceno B. Libertando identidades: da reabilitação psicossocial à cidadania possível. Belo Horizonte: Te Corá Editora/ Instituto Franco Basaglia; 2000.

7. Lussi IAO, Matsukura TS, Hahn MS. Reabilitação psicossocial: oficinas de geração de renda no contexto da saúde mental. O Mundo da Saúde (CUSC. Impresso). 2010. (34):284-290.

8. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Saúde mental e economia solidária: inclusão social pelo trabalho. Brasília: Editora do Ministério da Saúde, 2005.

9. Singer P, Silva RMA, Schiochet V. Economia Solidária e os desafios da superação da pobreza extrema no Plano Brasil sem Miséria. In: Campelo T, Falcão T, Costa PV. et al (Orgs.). O Brasil sem miséria. Brasília: MDS, 2014.

10. Singer, P. Economia solidária: um modo de produção e distribuição. In: Singer, P.; Souza AR. A economia solidária no Brasil: a autogestão como resposta ao desemprego. São Paulo: Contexto, 2000.

11. Azambuja LR. Os valores da economia solidária. Sociologias. 2009; 11(21): 282-317.

12. Brasil. Política nacional para Inclusão Social da População em situação de rua, Brasília, (MDS, 2008)

13. Escorel S. Vivendo de teimosos: moradores de rua da cidade do Rio de Janeiro. In: Burstyn M. No meio da rua: nômades, excluídos e viradores. Rio de Janeiro: Garamond, 2003.

14. Prates JC, Prates FC, Araújo SM. Populações em situação de rua: os processos de exclusão e inclusão precária vivenciados por esse segmento. Revista Temporalis. 2011.

15. Brasil, MDS, Pesquisa Nacional sobre a População em Situação de Rua. Brasília, MDS, 2008.

16. Domingues Jr PL. Cooperativa e a construção da cidadania da população de rua. São Paulo: Loyola, 2003.

17. Costa APM. População em situação de rua: contextualização e caracterização. Revista Virtual Textos & Contextos. 2005; (4): 1-15.

18. Beck LM, David HMS. O abuso de drogas e o mundo do trabalho: possibilidades de atuação para o enfermeiro. Escola Anna Nery Revista Enfermagem. 2007; 4(11): 706-11.

19. Alves VS. Modelos de atenção à saúde de usuários de álcool e outras drogas: discursos políticos, saberes e práticas. Caderno Saúde Pública. 2009; 11(25): 2309-2319.

20. Machado AR, Miranda PSC. Fragmentos da história da atenção à saúde para usuários de álcool e outras drogas no Brasil: da Justiça à Saúde Pública. Hist. cienc.saude-Manguinhos. 2007; 3(14): 801-821.

21. Carillo PLL, Mauro MYC. O trabalho como fator de risco ou fator de proteção para o consumo de álcool e outras drogas. Texto Contexto Enferm. 2004; 13(2): 217-225.

22. Araújo CH. Migrações e vida nas ruas. In: Burstyn M. No meio da rua: nômades, excluídos e viradores. Rio de Janeiro: Garamond, 2003.

23. Botti NCL, Castro CG, Silva MF, Silva AK, Oliveira LC, Castro ACHOA, Fonseca LLK. Prevalência de depressão entre homens adultos em situação de rua em Belo Horizonte. J. bras. psiquiatr. 2010; 1(59): 10-16.

24. Silva MDP, Lussi IAO. Geração de renda e saúde mental: o cenário do município de São Carlos. Cad. Ter. Ocup. UFSCar. 2010; (18): 35-48.

25. Lussi IAO, Morato GG. O significado do trabalho para usuários de serviços de saúde mental inseridos em projetos de geração de renda vinculados ou não ao movimento da economia solidária. Cad. Ter. Ocup. UFSCar. 2010; 3(20): 369-380.

26. Oliveira MA. Os desafios enfrentados pela população de rua em Juiz de Fora frente a proposta da economia solidária. In: V Encontro Internacional de Economia Solidária. USP, 2007.

27. Barreto RO, Lopes FT, Paula, APP. A economia solidária na inclusão social de usuários de álcool e outras drogas: reflexões a partir da análise de experiências em Minas Gerais e São Paulo. Cadernos de Psicologia Social do Trabalho. 2013; 1(16): 41-56.

28. Ghirardi MIG, Lopes SR, Barros DD, Galvani D. Vida na rua e cooperativismo: transitando pela produção de valores. Interface – Comunic, Saúde, Educ. 2005; 18(9): 601-610.

29. Lussi IAO, Pereira MAO. Concepções sobre trabalho elaboradas por usuários de serviços de saúde mental envolvidos em projetos de inserção laboral. Rev de Ter Ocup da Univ de São Paulo. 2013; (24): 208-215.

Article submitted on 29/10/2017 Article approved on 09/01/2018 Artiicle posted in system on 20/04/2018