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How to cite (Vancouver):

Schlindwein VLDC, Lopes FJO, Silva FHM, Félix-Junior IJ. Psychic distress, drug use and work. Rev Bras Saúde Ocup [Internet]. 2024;49:edcinq17. Available from: <https://doi.org/10.1590/2317-6369/35722en2024v49edcinq17>

Psychic distress, drug use and work

Sofrimento psíquico, uso de drogas e trabalho

Abstract

Introduction: policies aimed at use and abuse of alcohol and other drugs in recent years have shown their limitations in responding to the healthcare needs of workers who use and/or abuse alcohol and other drugs to alleviate the adverse effects from hostile work-related mechanisms. **Objective:** to articulate approaches that gather a theoretical-conceptual set that adequately addresses complex and multi-causal topics, such as the relation between psychological distress and work, with the use and abuse of alcohol and other drugs as their main element. **Results:** scientific evidence points out to the relation between neoliberal labor market changes, moral and ethical violence in the professional environment and negative effects on workers' physical and mental health. Studies argue about the need to break with the logic of subjectivist functionalism on the topic of work-related use and abuse of alcohol and other drugs. **Conclusion:** political strategies aimed at psychological suffering resulting from the use/abuse of alcohol and other drugs must go beyond practices solely focused on abstinence and include the interface between integrative theoretical contributions and harm reduction while considering the interaction between suffering and subjects' defenses, work and environment.

Keywords: occupational health; mental health; work; drug; harm reduction policies.

Resumo

Introdução: a política de atenção ao uso e abuso de álcool e outras drogas dos últimos anos demonstra suas limitações para responder às necessidades de atenção à saúde do(a) trabalhador(a) que usa essas substâncias para aliviar os efeitos adversos dos mecanismos hostis no contexto do trabalho. **Objetivo:** articular abordagens que reúnem um conjunto teórico-conceitual suficiente para abordar temas complexos e multicausais, como a relação entre o sofrimento psíquico e o trabalho, tendo como elemento principal o uso e abuso de álcool e outras drogas. **Resultados:** há evidências que apontam a relação entre mudanças no mercado de trabalho no contexto neoliberal, violência moral e ética no ambiente profissional e efeitos negativos sobre a saúde física-psíquica de trabalhadores. Evidenciou-se a necessidade de se romper com a lógica do funcionalismo subjetivista sobre o tema do uso e abuso de álcool e outras drogas relacionados ao trabalho. **Conclusão:** as estratégias políticas de atenção ao sofrimento psíquico decorrente do uso de álcool e outras drogas devem ir além das práticas focadas somente na abstinência e se basear na interface entre aportes teóricos integrativos, redução de danos e que considere a relação entre sofrimento e defesas dos sujeitos, o trabalho e o meio.

Palavras-chave: saúde do trabalhador; saúde mental; trabalho; drogas; política de redução de danos.



Introduction

The pandemic of severe acute respiratory syndrome (SARS) caused by the SARS-CoV-2 virus worsened the health and work conditions of Brazilian families, intensifying economic and political crises, unemployment, and negative effects on mental health. Discomforts in the world of work, in the form of individualization of suffering related to work conditions and organization, were further accentuated¹. The problematic nature of this relation became known by the precarious conditions imposed by neoliberal ethics on the labor market and professional life and mental health care policies for workers.

The intensification of this situation affected public policies within the assistance network of the Brazil's Unified Health System (Sistema Único de Saúde [SUS]) aimed at processes of monitoring the use and abuse of alcohol and other drugs. Discussions on this topic should be part of prevention, intervention, and post-treatment processes, especially in recognizing the relation between work and psychological suffering and illness. The recently updated List of Occupational Diseases (*Lista de Doenças Relacionadas ao Trabalho* – LDRT) represents significant advances in consolidating guidelines to be adopted regarding the forms of harm and illness related to work processes².

The foundations the Ministry of Health in Brazil used as a reference to understand the relation between illness and work were defined based on the Schilling Classification (II) — a specification supported by a health-disease-work paradigm —, thus justifying the need to integrate the LDRT agents and/or risk factors related to work contexts and organization, violence and harassment, and/or situations of structural unemployment in Brazil into its current policy of care and surveillance regarding the use of alcohol and other drugs³.

Furthermore, workers' precarious living and working conditions, increase in psychological suffering, and use of alcohol and other drugs and the challenges in addressing the issue within organizations have constituted determining and/or aggravating factors in the use and abuse of psychoactive substances^{4,5}. National surveys — such as the III National Survey on Drug Use by the Brazilian Population, which considered work/unemployment/informality characteristics as epidemiological evidence regarding the use, dependence, and treatment of licit or illicit substances in Brazil — also support this connection⁶.

Despite such a complex discussion, the interrelation between work and psychological suffering traverses various theoretical-methodological approaches in the field of Psychology, particularly the social psychology of work and its intersections, which deem that psychological suffering emerges from the rudiments of social life and work^{7,8}. Its conceptual and practical interfaces are associated with socioeconomic factors; unemployment; psychological violence; the flexibilization and precarization of working conditions; organizational factors; gender aspects; and political, socioeconomic, and sociocultural contexts⁹. Such understanding recognizes psychological suffering or expressions of personality as social phenomena stemming from historical and social activities in the productive process¹⁰.

The concern with psychological suffering at work configures a theme that permeates various Brazilian theorists from the 1970s onward, especially those engaged in constructing a non-reductionist social psychology of work in opposition to the prevailing psychology up to then, which followed a functionalist and industrial bias⁷. The predominance of these perspectives laid the groundwork for understanding the psychological determinants in what is known as social psychology of work. Theorists in this area of psychology show a consensus — especially those in mental health and work⁸ — that, in the historical process of Brazilian psychology, interventions have always had a clinical bias dissociated from interventions in the world of work.

The proposal of the social psychology of work now seeks to consolidate the centrality of the work category in psychological practices and the production of approaches and fields of action and intervention considering its historical secondary position. The self-criticism within psychology — especially in work-related mental health — states that the work category is often perceived as peripheral, underestimating (or even ignoring) the importance of work¹¹. The field questions how psychology operated within organizations by disregarding work-related psychological suffering.

The breakaway from this view represented an advancement in consolidating a 'new' theoretical-methodological field in social psychology of work at the interface with work-related mental health and what is known as labor health⁹. In this historical process of consolidating the understanding of the relation between health/psychological illness

and work, we highlight important authors such as Lane and Codo⁷, Codo and Sampaio¹², Jacques and Codo⁸, and more recent studies such as Bendassolli and Soboll⁹, Silva-Seligmann¹³, Glina and Rocha¹⁴, whose significant work offer knowledge, research instruments, and interventions in mental health at work with the necessary care in diagnosis, prevention, and research. It is important to understand that researchers of that time elucidated the approaches of this area with psychology and social psychology, avoiding judgments but offering field resources scholars for the critical use of these theoretical-methodological contributions⁸.

Thus, although health labor differs from the theoretical-methodological field of health-disease-work, the approach of labor psychopathology and psychodynamics also supports the establishment of the relation between health and illness. One of the main French theorists who contributed to defining paths to understand the process of illness in productivity-related diseases was Le Guillant. According to the author, work pathologies refer to signs of suffering caused by modern life or work conditions; they have a peculiar, often indivisible and usually secretive structure, with numerous reasons for the suppression of their expression, preventing people from becoming aware of their condition. Despite acknowledging certain especially harmful work situations, for the author, it is necessary to understand the particularities of the individual faced with a task or certain professions¹⁵.

Subsequently, psychodynamics of work, after the studies of Christophe Dejours, advances the understanding proposed by Le Guillant regarding the difference between work conditions and organization. Psychodynamics of work claim that the impact of work conditions affects the body, whereas the organization of work resonates with the psyche, dividing body and mind. When these spheres of work are affected, the physical-psychic capacity overflows, in which no forms of regulation and defensive strategies can maintain normalcy — a state in which individuals ensure a precarious balance resulting from the struggle between suffering-defenses-pleasure, which can jeopardize individuals' health¹⁶.

The Dejourian approach criticizes the psychiatric clinical practice, emphasizing the need to acknowledge that the impacts of professional life constraints on mental health remain unknown to professionals. Work can both promote health and play a fundamental role in psychopathological and psychosomatic decompensations. Faced with work pressures, individuals can protect themselves against situations that benefit or hinder their health as they can construct defensive strategies aimed at combating psychological suffering and/or seeking the necessary conditions to transform work into pleasure¹⁷.

Although Dejours failed to extensively study the topic, he has positioned himself since his early writings on the use of drugs or psychoactive substances as potentially serving a defensive-regulatory means to cope with the constraints of professional life and avoid insanity. On the other hand, he also describes the overflow of psychoneurotic defenses, which characterizes the precariousness of psychosomatic economy and may contribute to degrading individuals' mental and somatic state¹⁷.

This approach establishes a relation between work and psychological life that mobilizes subjects' representations with their unique history, work situation, and its fixed and rigid characteristics that contradict the will of individuals. It supersedes the linear causality model of understanding psychological suffering at work by perceiving humans as not entirely passive to organizational constraints and capable of activating defenses in the face of situations harmful to their health due to the intermediary links between work pressures and subjects' defense reactions¹⁸.

Furthermore, a study conducted with Brazilian public servants on their abusive use of alcohol using the ergonomics in the workplace for a better quality of work life approach (which is part of labor health) found an association between management and work organization elements and the abusive use of alcohol to cope with work-related demands. Alcohol use primarily occurs in situations in which the work context imposes demands, constraints, and frustrations that individuals may neither know nor be able to manage due to various reasons related to organizational contexts and/or inherent aspects of subjects' life history, identity, and/or personality¹⁹.

This perspective has consolidated an important field among Brazilian and French researchers who are aware of the complexity of the subject-work relation and contribute to the construction of the health field, specifically mental health in the workplace. Each researcher, with their theoretical and methodological nuances, contributes to the study of suffering and mental pathologies related to work conditions and organization; shedding light on the conditions in which work configures a source of pleasure that may play a role in health construction (sublimation).

The dynamics of the relationship between individuals and their work can be felt when the limit of their subjective ability to withstand a certain situation is exceeded. Suffering is experienced in the private space, in the subjective intimacy of each individual, when it becomes unbearable. Additionally, it is worth noting that this state of psychological discomfort at work and/or situations of unemployment and underemployment can lead workers to seek relief by the use of licit or illicit substances (whether medical, religious, pharmacological, or by other means) in the quest to reintegrate pleasure as a way to cope with suffering and achieve therapeutic effects for physical or psychological pain, even if it may lead to abuse and, consequently, dependence. This exacerbation of suffering at work, for example, increases the prescription and use of antidepressants and anxiolytics in companies²⁰.

Furthermore, studies conducted in Latin America have found evidence that socioeconomic factors, high unemployment rates, lack of access to education, and basic living conditions are associated with increased drug use in the population²¹. This is demonstrated in the publication of the special edition on COVID-19 by the Global Drug Survey, which warns that Brazil recorded a 17% and 14% increase in marijuana and alcohol consumption, respectively, in 2020 following the COVID-19 pandemic. Under these conditions, it is no longer possible to ignore that the discomfort and suffering of workers also arise from economic and social determinants, which contribute to countless attacks on life and human dignity that work itself can promote²¹.

Thus, this essay proposes to articulate approaches that gather an adequate theoretical-conceptual framework to evaluate the complex and multifactorial issues, such as the relation between psychological suffering and work, with alcohol and other drug use as its main element. It also reports the scientific evidence on work situations considering individuals, work, and the environment.

To progress further into this theme, it is central to understand that addressing issues related to alcohol and other drug use is supported by institutions responsible for formulating policies on alcohol and other drugs in Brazil, mediated by principles and actions of practices that have been validated by international communities. The challenge lies in overcoming the current individual internment treatment that prevails in Brazilian states toward a harm reduction policy that breaks away from the logic of subjectivist functionalism regarding the phenomenon of drug use and abuse related to work in Brazil.

Drugs, work, and psychics suffering

Brazil and the world have been witnessing transformations in health and economic and social repercussions due to the COVID-19 pandemic. Such changes directly and indirectly influence the world of work, especially due to the global vulnerability introduced by the contemporary economic model²². The concerns of this moment include the increase in unemployment, hunger, and the consequences of dealing with this state of vulnerability, such as the use/abuse of licit or illicit substances.

In the globalized world, in which work is constantly precarious or replaced by machines, individuals with or without employment may find in substance consumption an effective and psychodynamically explicable means to seek their balance and normalcy, i.e., to have a therapeutic effect on physical or psychological pain, which can lead to use, abuse, and dependence. In the meantime, psychological suffering may reflect the dynamics of work, such as the pursuit of productivity or even job security in people's lives.

The political and socioeconomic context of Brazilian workers worsened this situation, especially when workers faced the chaotic effects of the coronavirus pandemic in the country without coherence and cohesion due to the scientific denialism of the then government that prioritized the economic device over people's lives. The effects of the pandemic created a particular condition of stress, putting mental health at imminent risk of destabilization²³.

With social and economic relations increasingly precarious and automated by what are known as information and communication technologies, the neoliberal capitalist mode of production, widely discussed from various perspectives, also influences psychological suffering at work. It can erode worker's defenses and force them to resort to some form of external sublimation, i.e., to the use/abuse of licit or illicit drugs or to compulsive gambling.

Corroborating this understanding, according to an International Labour Organization report²⁴, problems related to alcohol and drugs, determined by precarious working conditions, can be generated or exacerbated due to labor conditions such as extreme safety risks, shift or night work, excessive workloads, unequal pay, psychological stress, and ultimately, job insecurity. Another significant advancement refers to the recognition that work can lead to dependence on psychoactive substances. The Brazilian Ministry of Health “Diseases Related to Work: Manual of Procedures for Health Services” included chronic alcoholism in 2001³. However, besides alcoholism, it should also include dependence on other substances since different work contexts can lead to suffering and/or the search for substances to cope with work overload^e.

The 11th International Classification of Diseases and Related Health Problems (ICD) describes the pattern of harmful substance use as a mode of consumption that leads to physical or mental health impairments in persons or behaviors that negatively affect the health of others. On the other hand, it describes risky use as a consumption pattern that substantially increases the likelihood of harmful outcomes to the physical or mental health of individuals or others to the point of requiring care and guidance from healthcare providers. Finally, it characterizes dependence as an imbalance in regulation resulting from repeated or constant substance use. Its distinctive hallmark refers to an intense internal urge, evinced by the difficulty controlling consumption, placing the substance in a position of greater importance than other activities and sustaining its use despite damage or negative outcomes^{25,27}.

Several authors point out that certain professional categories, when subjected to precarious working conditions, may favor the use of psychoactive substance(s) by workers^{25,26,28-33}. Qualitative, quantitative, and mixed-methods studies conducted in Latin America (Brazil, Peru, and Mexico) indicate the prevalence of alcohol, cigarette, and anxiolytic use among healthcare providers and of alcohol, tranquilizers, amphetamines, marijuana, and cocaine among military and civilian police categories. It also observed the use of alcohol, stimulants, marijuana, and other drugs among professionals in port environments and truck drivers and found the use of illicit drugs, cigarettes, and alcohol among women. It has also been observed that work fostered awareness of drug consumption issues among workers of various classes, ages, and genders and the existing adverse consequences and the degree of illness across various work categories⁴.

Another important factor found in these studies refers to the association between self-esteem and drug use in outsourced workers, a common professional class after the labor reform of 2017. Despite no statistical significance for the association between the length of service in outsourced services, workload in the institution, shift work (day or night), or even another job/employment relation and the risk of greater problems in the use of these substances, self-esteem constituted one of the risk factors for the development of problems associated with the consumption of licit (alcohol and tobacco) and illicit substances (marijuana and inhalants)³⁰.

Another assessment of substance use among university professors found that its sample showed an association between alcohol use and depressive symptoms in 68.4% of users²⁹. Truck drivers reported a high use of alcohol (73.9% of the sample) and stimulants, such as amphetamines (or *rebites*, as they are popularly called in Brazil), to stay awake and be able to make deliveries (32.9% of the sample)²⁶, drawing attention to the terms of the law that impose the mandatory toxicological examination for this category.

As observed, certain professional categories — if their functions are performed under certain working conditions — may favor the recurrence of alcohol and drug use and abuse, especially if activities are developed in environments and relations involve occupational risk factors². Furthermore, working in an atmosphere of constant threats and pressures may demand defensive strategies (either individually or collectively) to fight and/or resist psychological suffering at work¹⁷. According to Dejours, defense mechanisms (which differ from psychic defenses) aim to fight against real dangers and/or risks related to suffering, health, illness, or death at work^{15,16}. Collective strategies, on the other hand, serve to adjust (protect and adapt) workers to the harmful effects of work organization. As they are adaptive and exploitable by capital, labor relations hardly problematize them. Specific individual behaviors then emerge, such as: escape via alcoholism (corresponding to a flight toward faster decay); desperate and individual acts of violence; and escape via madness, with all forms of psychotic, subjective, and depressive decompensations.

e One example refers to truck drivers, who use stimulants to stay awake^{25,26}.

An analysis of the work of military police officers observed that the main complaints of psychological distress stem from their daily activities, such as sleep disturbances, symptoms of anxiety and depression, mood swings, stress, and the triggering of disorders according to present symptoms. It also found that unregulated use of controlled medications occurred in cases of suicide³⁰.

Data on suicides among police officers in the states of Rio de Janeiro (from 1995 to 2009) and Paraná (from 2013 to 2016) contribute to establishing the relation between work factors, psychological distress, and the use of psychoactive substances. Rio de Janeiro alone had 94 cases of suicide and attempted suicides involving active-duty military police officers; in Paraná, 21 police officers committed suicide. That study found that the prevalence of suicides was related to the activity of military police officers and medication, alcohol, and other drug use as individual strategies in response to work pressures³².

Another point worth noting is the number of survey studies that use various instruments, among which one of the most commonly used is the Alcohol, Smoking and Substance Involvement Screening Test³⁴. This tool is important for screening cases but is unable to confirm drug dependence. Moreover, protocols for detecting dependence have changed in recent years, with the advent of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders and the ICD-11, which include dependence on electronic games and the internet. While the Brazilian scientific literature has few studies on this topic, it offers evidence on health and well-being impairment among workers, and cases have been published regarding occupational performance among students worldwide³⁵.

Despite studies and instruments such as these pointing to the prevalence of drug use in the workplace (whether in a functional or dysfunctional capacity), society seems to disregard the issue at hand. The government and companies lack initiatives to promote discussions about the relation between work, drug use, and health, which could serve as the basis for public health policies for workers, including prevention, intervention, and post-treatment programs for individuals who end up removed from the workforce.

The challenge for both research and public policies aimed at preventing the misuse of alcohol and other drugs in the workplace refers to considering their use as a strategy that helps workers to intensify their productivity, resist the effects of fatigue, fulfill their working hours (or overtime), and withstand pressures in organizations. It should be noted that the frequent use of this functional strategy becomes adaptive, resulting in problems and harm to oneself and others. Additionally, this behavior seriously affects professional performance, which becomes dysfunctional and unhealthy³³.

In this context, we reinforce the criticism of how public policies toward preventing harmful alcohol and drug use in the workplace have been conducted. The challenge for the world of work is to break away from the conservative and individualized prohibitionist view of interpretations regarding the phenomenon of drug use and abuse related to work. It is necessary to understand the consumption of alcohol and other drugs as an individual and collective defensive strategy⁵. These premises would take an important step toward establishing effective guidelines and mechanisms in the current National Policy for Comprehensive Care for Alcohol and Other Drug Users.

Finally, workers continue to be silenced and blamed as the model of care for alcohol and other drug users remains within the logic of “subjective functionalism,” meaning that workers are viewed as problems that must receive “clinical treatment.”

The Comprehensive Care Policy for Users of Alcohol and Other Drugs (Política de Atenção Integral ao Usuário de Alcool e outras Drogas – Paiuad) related to work

Regarding the care for those who abuse alcohol and other drugs in the workplace, it is important to mention the Paiuad published in 2003 in articulation with the Mental Health Policy of the Brazilian Ministry of Health, Law no. 10.216/01—a historic marker of psychiatric reform—which provides for the protection and rights of people with mental disorders and redirects the mental health care model³⁶. Efforts should focus on them to increase investments and provide care based on the interface between integrative theoretical contributions and management of policies to address the psychic suffering resulting from alcohol and other drug use related to work.

Paiud is based on harm reduction, considering the cessation of abstinence as the only therapeutic possibility, and it aligns with the principles and guidelines of the Brazilian Unified Health System (SUS) by aiming at universal access and the right to assistance for users. Therefore, the policy is structured around the following guidelines: intersectoriality; comprehensive care; prevention; promotion and protection of the health of alcohol and drug users; care models—psychosocial care centers (*Centro de Atenção Psicossocial – Caps*)—and assistance networks; control of narcotics, substances that produce physical or psychological dependence, and precursors; standardization of services for alcohol and drug dependence care; and guidelines for a national, comprehensive, and intersectoral policy to reduce the harm to health and well-being due to alcohol consumption⁵.

The emergence of this national policy from the Brazilian Ministry of Health to care for alcohol and other drug users contributes to a more inclusive care model by moving away from the prevailing hospital-centric models up to then, offering rehabilitation and psychosocial emancipation for individuals experiencing distress. Intersectoriality ensures that actions are tailored to each territory according to their reality and needs. Treatment and care for these individuals, based on these guidelines, have established models in various countries. Despite the scientific evidence proving their effectiveness³⁷, they encounter significant resistance in Brazil. It is worth noting that political forces attempt to address the problem by ideological concepts. An example refers to the narratives of managers from the Ministry of Health under right-wing governments from 2016 to 2022, which reproduced conservative power mechanisms to discipline and control bodies, sustained by partnerships between medical and legal knowledge³⁸.

The creation of Caps for alcohol and other drugs aimed to improve the mental health care network within SUS and accommodate projects and therapeutic care practices that address the demands of the served population in line with the strategy of reducing health damage. Federal, state, and municipal governments have contradictorily prioritized non-public institutions with asylum and isolationist characteristics, self-described as “therapeutic communities.” With this, they encourage the asylum logic in SUS programs, jeopardizing the ethics of care in the guidelines of the National Policy of Harm Reduction, prioritizing abstinence as the only public policy for users, and disregarding political, educational, preventive, and therapeutic actions. Such measures undermine the community and territorial character of Caps, reflecting the dismantling of the policy in its articulated form with the anti-asylum and anti-prohibitionist psychiatric reform in Brazil³⁹.

This perspective understands that mental health workers face the challenge of perceiving the current situation of alcohol and other drug users as transient and understanding that they are susceptible to perpetuating dependency without the possibility of psychosocial rehabilitation if they lose sight of Paiud strategies. On the other hand, the Ministry of Health must heavily invest in humanized assistance that can promote qualified listening without prejudices⁴⁰.

Regarding alcohol and drug policies and work-related distress, it is noted that the Paiud is based on harm reduction as a result of the Brazilian psychiatric reform. It alludes to those the community recognize less as citizens, i.e., alcohol and drug users who are excluded and stigmatized from the formal job market and those in the informal labor market. The policy expands comprehensive care for alcohol and drug users and establishes reception devices in a mental health care network within SUS so individuals receive better aid for their social vulnerabilities. Furthermore, the last two Brazilian governments showed significant investments in therapeutic communities⁴¹ at the expense of investment in the Paiud—which involves removing people from work to address drug-related issues. However, despite some criticisms of the therapeutic model, that certain therapeutic communities contribute to social reintegration with vocational training for individuals struggling to reintegrate themselves into the workforce.

Another point highlighted by experts on labor and drug use, concerns the notion that drug use only occurs in informal social contexts. However, current theoretical and methodological studies have found otherwise, as discussions are already underway and may be the subject of future studies—even to advance public policies in this regard – due to the found use and abuse of prescription drugs (as in the case of prison guards)⁴². It is necessary to broaden the understanding of the triad of psychological distress, drug use, and work with a scientific care approach toward understanding in order to change the genesis of suffering. Actions are needed to improve the quality of work to prevent abusive drug use.

Conclusions

This essay aimed to articulate approaches that gather a sufficient theoretical-conceptual framework to address complex and multicausal issues such as the relation between psychological distress and work, with its main element referring to the use and abuse of alcohol and other drugs. In conclusion, it is important to more incisively address one of the issues this research faces: training and intervention experiences within the developed frameworks. The COVID-19 pandemic increased alcohol and other drug consumption in Brazil. Sufficient theoretical indications link psychological distress to socioeconomic factors, high unemployment rates, organizational violence and harassment, and other factors²¹. Furthermore, this period witness the exacerbation of both anti-science discourses and the use of medicines for psychological distress among SUS professional. Although its prescription is not considered negative, it can mask the effects of the discomfort that work itself can promote.

Although the current political moment may be favorable and “no less challenging” for advancing current policies in the area of care and attention regarding the relation between the work context and the use of alcohol and other drugs, this essay finds the undeniable need for new studies that consider the unstable and precarious balance between suffering and defenses of individuals due to psychic functioning. Care policies must go beyond practices focused solely on abstinence stemming from the conservative-prohibitionist paradigm and the “war on drugs.” Recent practice has shown its limitations in responding to the attention needs of workers who use and/or abuse alcohol and/or other drugs to alleviate the adverse effects of hostile mechanisms in organizational contexts.

In conclusion, the topic of abusive alcohol and drug use by the Brazilian population involves considering the relationship between individuals, work, and the environment. The arguments this essay discussed seek to rethink the implication and/or subjective function of alcohol and drug use in relation to work. It also pointed out that changes in the labor market under neoliberalism have affected social life, such as the moral and ethical violence toward professional life. This theoretical-empirical movement would produce a less moralizing and stigmatizing approach to users and would thus open up space for the adoption of practices truly based on scientific evidence.

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Authors' contribution: Schlindwein VLDC contributed to the conception and design of this essay. Schlindwein VLDC and Lopes FJO contributed to the analysis and critical review of the content and concepts discussed in this essay. Silva FHM and Félix IJ Jr contributed to the writing and discussion of the references cited in the text, ensuring the accuracy and integrity of the content of this essay. All authors contributed to the approval of the final version and assume full responsibility for the work performed and content published.

Data availability: all datasets supporting the findings of this study are available in the essay itself.

Funding: the authors declare this study received no funding.

Competing interests: the authors declare no conflicts of interest.

Presentation at a scientific event: the authors state that this study has neither been presented at any scientific conference nor is based on a dissertation or thesis.

Received: September 28, 2022

Revised: December 20, 2023

Approved: December 28, 2023

Editor-in-Chief:

José Marçal Jackson Filho