

UNIVERSIDADE ESTADUAL DE MARINGÁ

CLAUDIA CRISTINA MACCEO SATO

**THE SOCIAL CONSTRUCTION OF THE PSYCHOTROPIC DRUGS  
MARKET IN BRAZIL**

Maringá

2018

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MARKET IN BRAZIL**

Tese de Doutorado apresentada como requisito parcial para obtenção do título de Doutora em Administração pelo Programa de Pós-graduação em Administração Pela Universidade Estadual de Maringá.

Orientador: Prof. Dr. Maurício Reinert do Nascimento

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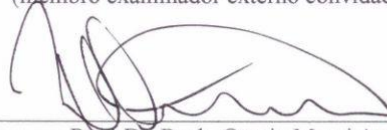
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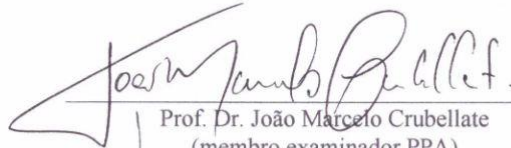
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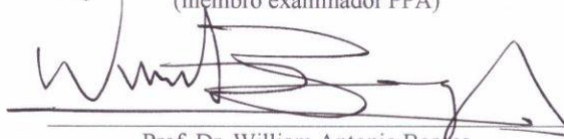
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Àqueles que nunca mediram esforços para que  
esse sonho se tornasse realidade,

Bruno, Mãe e Pai, dedico este trabalho para  
vocês

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Se eu vi mais longe, foi por estar sobre ombros de gigantes

Isaac Newton

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O Lógico: (ao senhor idoso) Assim, vejamos um silogismo exemplar: o gato tem quatro patas. Isidoro e Fricot têm quatro patas. Logo, Isidoro e Fricot, são gatos.

O senhor idoso: (ao lógico) O meu cachorro também tem quatro patas.

O Lógico: (ao senhor idoso) Então é um gato.

(O Rinoceronte - Eugene Ionesco)



## **Sato, C.C.M, The Social Construction of The Psychotropic Drugs Market in Brazil**

### **ABSTRACT**

The present study is based on the Strategic Action Field (SAF) which are units of collective action in society and are constructed at the meso-level social orders in which actors (individual or collective) are tuned in and interact with each other based on shared understandings about relationships with others and legitimation of rules. The richness of this proposal is that fields are not isolated. Collective actors participate in other fields of strategic action (Fligstein & McAdam 2012). Thus, one of the arguments of the theory lies in the understanding of order and transformation based on the interaction and struggles in the fields and how transformations and order takes place. From the theoretical point of view that supports this work, the guiding question is "how does the social construction of the market for psychiatric drugs emerges from the struggles and relationships between the intermediary actors in the market", by intermediate actors, prescribers, who represent the intermediate actors between producers (laboratories) and consumers (patients). This research question seeks to contribute to the understanding of the construction of the field and within the theoretical aspects, to broaden the study agenda regarding the struggles and alliances that allow the construction, transformation and maintenance of the fields from the understanding of relationships and resources of the actors in the legitimation of meanings proposed for their interests. To do so, documentary research was done on material provided by the actors, field research on events in the area and interviews with health professionals in order to understand who the significant actors in the field are, what is the concept of mental health employed by these actors in the market and how they relate to each other. It was concluded that health professionals represented by Internal Governance Units are central to the market for psychotropic drugs and together with state actors and pharmaceutical laboratories, they create alliances in the search for maintenance in the field. This alliance and maintenance in the field are legitimized by the appeal with the population especially from the scientific argument used by the actors, i.e., the scientific argument is selected according to the intentionality of the actors and corresponds to an instrument of transformation and maintenance of the market. In addition, the actors involved are not necessarily linked to the market as a profit for the sale of the products, but from the power of the class and the convenience of alliance among the actors.

**Key-Words:** Market, Mental Health, Psychotropic Drugs, Sociology of Markets, Strategic Action Fields

## **Sato, C.C.M, The Social Construction of The Psychotropic Drugs Market in Brazil**

### **RESUMO**

O presente estudo baseia-se na Teoria dos Campos de Ação Estratégico (SAF), que são unidades de ação coletiva construídos no nível meso em que atores (individuais ou coletivos) são sintonizados e interagem entre si com base em entendimentos compartilhados sobre relações com os outros e legitimação de regras. A riqueza desta proposta é que os campos não são isolados. Os atores coletivos participam de outros campos de ação estratégica (Fligstein e McAdam, 2012). Assim, um dos argumentos da teoria reside na compreensão da ordem e da transformação baseada na interação e nas lutas nos campos e como as transformações e a ordem ocorrem. A partir do referencial teórico que respalda este trabalho, a pergunta norteadora do mesmo se apresenta da seguinte maneira “como acontece a construção social do mercado de medicamentos psicotrópicos a partir das lutas e relacionamentos entre os atores intermediários no mercado?”. Por atores intermediários entende-se os profissionais de saúde prescritores, que representam os atores intermediários entre os produtores (laboratórios) e consumidores (pacientes). Essa pergunta de pesquisa busca contribuir para a compreensão da construção do campo e dentro dos aspectos teóricos, ampliar a agenda de estudos no que diz respeito às lutas e alianças que permitem a construção, transformação e manutenção dos campos a partir da compreensão dos relacionamentos e recursos dos atores na legitimação de significados propostos para seus interesses. Para tanto, foram realizadas pesquisas documentais em material fornecido pelos atores, pesquisa de campo em eventos da área e entrevistas com profissionais de saúde a fim de compreender quem são os atores significativos no campo, qual o conceito de saúde mental empregado por esses atores no mercado e como eles se relacionam entre si. Concluiu-se que os profissionais de saúde representados por Internal Governance Units são centrais no mercado de medicamentos psicotrópicos e juntamente aos atores do Estado e aos laboratórios farmacêuticos, criam alianças em busca de assegurar a manutenção no campo. Essa aliança e a manutenção no campo são legitimadas pelo apelo junto à população, especialmente a partir do argumento científico utilizado pelos atores, ou seja, o argumento científico é selecionado de acordo com a intencionalidade dos atores e corresponde a um instrumento de transformação e manutenção de mercado. Além disso, os atores envolvidos não estão necessariamente ligados ao mercado pelo lucro referente à venda dos produtos, mas a partir do poder da classe e da conveniência de aliança entre os atores.

Palavras-chave: Mercado, Saúde Mental, Medicamentos Psicotrópicos, Sociologia dos Mercados, Campos de Ação Estratégico

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## Lista de Siglas

ABP	Brazilian Psychiatric Association (Associação Brasileira de Psiquiatria)
MTSM	Mental Health Workers Movement (Movimento dos Trabalhadores de Saúde Mental)
ABRASME	Brazilian Mental Health Association (Associação Brasileira de Saúde Mental)
WHO	World Health Organization
ANVISA	National Health Surveillance Agency (Agência Nacional de Vigilância Sanitária)
INCB	International Narcotic Control Board
SUS	Unified Health System (Sistema Único de Saúde)

## 1 INTRODUCTION

Medicine is any pharmaceutical product technically obtained or elaborated, for prophylactic, curative, palliative or diagnostic purposes (LEI n° 5.991, DE 17 DE DEZEMBRO DE 1973) and psychotropic medicines are drugs whose consumption affects the conditions of emotional states and can cause physical and psychic dependence and therefore, its manufacture, prescription and disposition are subordinate to the International Narcotics Control Board (INCB) protocol of psychotropic substances, to which Brazil is a signatory and whose objective is to control the consumption and abuse of these substances for health and well-being of humanity (INCB, 1971).

Psychiatric medications are chemical formulations related to the treatment of so-called mental disorders and are used according to medical and legal criteria. In Brazil there are several laws and regulations that determine how this product is produced, released and acquired. Thus, the use of these drugs is subordinate to the public policies of medicines and health and to the medical understanding about the needs of use.

This means that the exchanges that take place between drug producers and consumers comprise a characteristic in which the consumer and producer are not directly connected, nor the consumer is free to choose. Also, in relation to health, this whole structure is sustained placing as prerogative the impossibility of questioning the medical profession.

The medical prescription occurs through the diagnosis of mental disorders, led by the Manual of Diagnosis of Mental Disorders (DSM), and by the search for cognitive improvement, stimulated by the diverse social issues and the necessity of overcoming (Ortega et al., 2010, King, Jennings, & Fletcher, 2014). The DSM has many different classifications of disorders from a biological idea of human being, however, the disorders are characterized from the symptomatologic or behavioral issues related to the disorders

To understand the numbers of this market, one must consider that it has grown every year. To illustrate this, in Brazil, according to the International Narcotics Control Board (INCB) the consumption of methylphenidate, known by the trade name Ritalin, has grown more than 700% in ten years, going from 94 kilos of product in 2003 to 823 kilos in 2012 and the import of Alprazolam (anxiolytic) rose from 240 kilos in 2010 to 490 kilos in 2012 (INCB, 2013). This has generated discussions about the excess of diagnoses both by academics (Ortega et al., 2010, Amarante & Freitas, 2015) as the media (Castro & Choucair, 2013; Brenha, 2014).

In addition to the growth in medicines sales, there has also been an exponential increase in the number of diagnoses suggested as mental disorders since the first edition of DSM in 1952, which had 106 different diagnoses increased to 297 different diagnoses in the fourth edition, in 1994 (Conrad, 2007)

It is important, however, to point out that mental health concept is not unanimous, it varies according to epistemological and ontological questions (Howirtz, 2002), although, when looking for a professional, either psychiatry or psychology, it has secured a mental health representation formed through environment in which it is inserted, media and collectively constructed (Amarante & Torre, 2010). This representation, common to most people, led the researcher to question how this was built in the collective imaginary. Along with this questioning, the observation of the imaginary of psychotropic medicines as instruments of cure for mental conditions as fundamental represents part of the collective knowledge and structured in the social day to day. In this complexity, some actors are fundamental to understanding the meaning of madness and normality.

Along with this questioning, the observation of the imaginary of psychotropic medicines as instruments for mental illness cure as fundamental represents part of the collective knowledge and structured in the social day to day. In this complexity, some actors are fundamental to understanding the meaning of insanity and normality.

The actors involved in the construction of mental health and consequently the need of these drugs are health professionals, pharmaceutical companies and the state. The health actors' performance influences on economic issues related to the sale of medicines by the industry. Pharmaceutical companies produce health products and at the same time these products represent goods for profit and the state regulates the whole context, both related to economic and health aspects.

Psychotropic drugs can then be studied from the Sociology of Markets perspective. It seeks to understand economic institutions as socially constructed (Granovetter & Swedberg, 2011). Therefore, in this context, there are several disputes that influence the construction of this market, so the social transformations, meaning of mental health and the discovery and development of drugs for the treatment of these disorders justify the research problem of this project that is: How the social construction of the market of psychotropic drugs happens in Brazil?

Considering the centrality of the expert actors, this work seeks to understand the social construction of psychiatric drugs market outlining on the relationships between the professional actors and the other actors involved in this market.

Considering this inquire about the construction of the market for psychotropic drugs in Brazil, the general and specific goals are:

#### 1.1 GENERAL GOAL

- ✓ Comprehending the social construction of the psychiatric drugs market in Brazil

#### 1.2 SPECIFIC GOALS

- ✓ Identifying the actors involved in this market;
- ✓ Understanding the definition of mental health established in the market



- ✓ Understanding the relationship between health professionals and other actors in the market;
- ✓ Analyzing the relationship between health, treatment and actors involved in this market and the struggles between these actors.
- ✓ Understanding the mechanisms involved for field stability

The next item will be dedicated to the presentation of the methodological procedures adopted to achieve the proposed goals presented.

## **2 METHODOLOGICAL PROCEDURES**

To achieve the aims of this study and considering that it searches for meanings and social construction for the comprehension emergence and transformation of the market of psychiatric drugs, this work is structured by qualitative nature.

In addition, Fligstein and McAdam (2012) guide the methodological considerations for the study of fields to obtain an accurate analysis of the fields of strategic action. For the authors, the research must be sensitive to the field, to complete the stages of the process. And to do so raise three fundamental points, guided by issues to be answered to give the understanding and knowledge of the studied field.

Thus, methodological procedures used are documental research, semi-structured interview and participant observation. Since that knowledge of the field goes through the historical process connected to this, part of the data for the development of this research is based on secondary data such as legislation, historical documents and published material regarding mental health and medicines in the country. In addition, participant observation data were collected at three mental health events in Brazil. The XXXIII Brazilian Psychiatric Congress, held in the city of Florianópolis, SC, on December 3<sup>rd</sup> to 7<sup>th</sup> and the 5th Brazilian Congress of

mental health, held in the city of São Paulo on May 26<sup>th</sup> to 28<sup>th</sup>, 2016 and the Anti-Asylum Struggle day, held in Maringá, on May 18<sup>th</sup> of 2017.

These events are significant because they represent two different strands of mental health conceptions in the country. One strand is the Brazilian association of psychiatry, as a representative of the country's psychiatry, which supports a more biological position on mental health. The Brazilian mental health congress, carried out by ABRASME, a Brazilian mental health association, has a more focused view for social aspects related to mental health, questioning the medicalization and pathologizing of the users of mental health services.

Also, for a better understanding about mental health meaning and how the actors work and interact with each other in the quest for change and stability, semi-structured interviews with actors of this field have been carried out.

Interviewee	Profession	City
Interviewee 1	Psychiatrist	Maringá
Interviewee 2	Psychiatrist	Maringá
Interviewee 3	Psychologist	São Paulo
Interviewee 4	Psychologist	Brasília
Interviewee 5	Pharmaceutical sales representative	Maringá
Interviewee 6	Psychiatrist	Curitiba

The accessed documents for the historical and documentary rescue of this work are books that bring the history of psychiatry and health in Brazil, such as "The History of Psychiatry in Brazil" by Jurandir Freire Costa (2006) and "Danação da Norma" by Machado et al. (1978), and ANVISA informative files, and laws regarding mental health and medicines and documents related to them, such as: Law n° 8.080, of 19/9/1990, Law n° 8.142, of 18/12/1990, ordinance n° 2203 GM/MS, from 05/11/1996, ordinance n° 399 GM/MS, from 22/02/2006, Law

n° 10.708, from 31/07/2003, Decree n° 0, from 28/05/2003, Law n° 10.216, from 06/04/2001, Law n° 9.867, from 10/11/1999, accessed on the website of the federal government.

Other documents accessed were the materials collected during mental health events, such as brochures referring to medications and mental disorders, in addition to the Internal Governance Units website itself and pharmaceutical laboratories, which helped to understand the relationship between actors and the concept of health and mental disorders. Interviews were also conducted with professionals to learn about their perceptions about mental health, the influence of their conceptions, established relationships, and their practice in the field.

The contact with the health professionals occurred especially during the events, where I made the first contact and asked for a later interview. Some specific actors in the field, such as political actors or representatives of the associations ceased contact after I informed the topic of my research or requested to record the interview. Which made me understand that the subject caused discomfort in some way.

The choice for the observations is to understand the definition of mental health by the participants and to observe in loco the relationship between the actors. Pearsall (1965) describes the participant observation in which the actors involved are not aware that they are being observed as a complete observation and despite having told the actors whom I had contact with about the research, the general population involved in the event did not know the purpose of my participation. Thus, the events were carried out with participation as enrolled of the events from the beginning of the activities. The Brazilian Psychiatry Congress offers different possibilities of registration and each registration gives you a different badge color, which determines the activities you can participate in. The different registrations are for doctors, other health professionals, medical students and companions. In this case, my enrollment was possible due to my degree in psychology, which allowed me to enroll as "other health professionals." At this event, I attended the lectures and workshops and talked to health

professionals and Pharmaceutical sales representative. This interaction also happened out of the event, because the hostel where I was staying also had participants of the event and I was able to talk to them several times. The conversations and impressions were annotated in field notes, and I also recorded some of the content of the lectures and workshops of the event. I talked and interacted with doctors in lines of the stands and with medical students who were attending the event. I took notes of all the interactions during and after the events and impressions, reports and notes of the speeches of some participants were included. As the event offered free samples like snacks and bags and brochures about the disorders and medications, I took the materials and added them to the analysis material.

During the Brazilian Psychiatric Congress some activities were exclusive for medical professionals, because of the law that restricts access to advertising exclusively to doctors. Despite the law, I had access to all written materials available at the event, being restricted only to gifts and some interactive activities. I tried to participate in a virtual reality activity that demonstrated through virtual reality glasses as it was to be a person with depression and I could not because I was not a doctor. Besides this virtual reality activity, some gifts were only offered to medical professionals, who had a number from the National Council of Medicine. When I tried to participate in the virtual reality activity, made available by Lundbeck and I was not allowed, I talked to the representative and asked him to give me an interview, but he retreated, refused and expressed concern. Then he told me to look for the SAC of the laboratory, so they would help me. The impressions, conversations and observations of the event were annotated in Field notes with details of the events for later use in the triangulation of the data. During the Brazilian Congress of Psychiatry, I interviewed a psychologist who was attending the event.

The same happened in the Brazilian congress of Mental Health in the observations and interaction with the actors. However, in this event, there was no distinction of professionals and advertising space. The stands were from class professional councils and there was a space for

marketing products that were products of work associations of mental health users. I talked and participated in the activities of the event and interviewed a psychologist who was offering a course at the event.

During the period of this research, I tried to contact some actors from the pharmaceutical industry, who never replied – the only exception was one representative sales that was waiting to talk to one psychiatrist and he asked her to concede me an interview - and the president of the Brazilian Psychiatric Association (more than once), which stopped responding after I talked about the theme of my research. Besides that, I used information that I found on the Brazilian Psychiatric Association Website and YouTube channel as secondary data. The collected material was analyzed from the conventional content analysis, as proposed by Hsieh and Shannon (2005) in which it is sought to describe a phenomenon from the categories presented by the data collected.

### **3 THEORETICAL FRAMEWORK**

This session brings the theoretical framework that underlies and justifies the present work. In it, it will be first presented the sociology of the markets, understanding the concept of the market employed in the work. Next, the content of morals and markets will be presented, considering that the moral aspects are transformed in the course of time with the social transformations and from the struggles between the actors. In sequence, as fundamental element for the understanding of the empirical case, will be presented the sociology of professions, and finally will be presented the medical sociology, which employs the understanding of the medical aspects seen from a sociological perspective.

#### **3.1 SOCIOLOGY OF MARKETS**

To understand the social construction of the market for psychiatric drugs, it is first necessary to understand what is “market”, its concept and origins and why view psychiatric medicines through this prism. The concept of market in this research comes from the perspective of the sociology of markets, which emerged from the studies of economic sociology that theorizes the limits of classical economic theory and seeks to contextualize the elements of economic and social life within an almost indivisible scope, since economic action is a social action (Granoveter & Swedberg, 2011, Fligstein & Dauter, 2007). The elucidation of some elements of economic sociology allows us to understand its nature.

The actor, in this perspective is taken from an idea of group, society and institutions, the individual not being an isolated element. In this sense, it does not mean that the individual man does not exist, but rather that its construction is based on its existence as a social being with mutual and constant influence (Smelser & Swedberg, 2005). And this social characteristic

causes that its action is oriented not only for itself, but from its relationship with the other (Weber, 1991).

To understand the market according to the economic sociology, it is important to consider that it rests on the concept that "the economy of man, as a rule, is submerged in its social relations" (Polanyi, 2000, p. 65) the concept of market in this conception comprises not only price directing exchanges but understanding that in these exchanges there are elements that exceed the market for the classical economy (Geertz, 1978).

Fligstein and Dauter (2007) presented a review on the sociology of markets that deserves attention, considering that it presents an exploration for the integration between the different market understandings and how they can implement the area. In this review, the three fundamental areas of academic division of market research are represented by network (White, 1981; Granovetter, 1985), institutions (Fligstein, 2001, Fligstein & McAdam, 2012) and performativity (Callon, 1998, Araujo, 2007, Araujo & Kjellberg, 2010). In addition to these, studies of political economy and population ecology are also cited as imperative for the sociology of markets. In this review, the authors seek to systematize shared, complementary, and contrary concepts. This work is fundamental in the understanding of the sociology of markets especially in what concerns the evolution of the area to organize the study agenda and their evolution.

Considering the three main theoretical lines of the market, "All three approaches rely on viewing markets as social arenas where firms, their suppliers, customers, workers, and government interact, and all three approaches emphasize how the connectedness of social actors affects their behavior." (Fligstein & Dauter, 2007, p. 03) Each one focusing on a different aspect of these social relations. Fligstein (2001) reflects about the structure of markets including a critique of the understanding of elaborate social structures and the theory of markets, whose research agenda is diffused and therefore seeks to understand and structure the field from

theoretical questions that cover the understanding of rules for the functioning of the markets and the types of structures necessary for the stability of the markets, besides seeking to understand the relations between state and corporations in the production of the markets.

Deliberating about the structure of markets, Fligstein (2001) criticizes the theoretical understanding of social structures; since he considers it diffuse and believes that in order to remedy this problem, the field must be understood from theoretical inquiries that embrace the understanding of rules for the functioning of markets and the types of structures necessary for their stability, in addition to seeking to understand the relations between state and companies in the production of markets. For the author, the actors of markets pursue stability and the dynamics in which markets are created, stabilized, and transformed are fundamental to this comprehension. The argument for understanding markets is presented from a political-cultural perspective, “the key insight of the approach is to consider that social action takes place in arenas, what may be called fields, domains, sectors, or organized social spaces (Fligstein, 2001, p. 15).

One of the central issues of the market theory is the equation that produces a stable world of goods and services that guarantee the survival of organizations. For the author, the structure of markets comes from the search for stability among market players. And the rules are necessary for that stability, “Once institutionalized, these rules both enable and constrain subsequent behavior they constrain behavior by defining how competition and conflict can be legally regulated. They enable incumbent firms to survive and produce stable markets. They also enable firms to create new markets. (Fligstein, 2001, p. 19).

This definition seeks to include all aspects that influence the formation, maintenance and transformation of markets, and this scope is differently focused when the different theoretical understandings are limited. The institutional perspective “suggests not only that contractual market exchange depends on the rule setting and sanction enforcement of states, but



also that states may define what types of products are appropriate for exchange.” (Fligstein & Dauter, 2007, p. 09).

Institutions shape organizational structures (Di Maggio & Powell 1991) and that organizations are coalitions whose power is related to the interests and preferences of the actors involved (Pfeffer & Salanik, 1978) and these organizations influence the collective life (March e Olsen, 1984, Di Maggio & Powell,1991). In this understanding, life is ordered into organizational structures called fields (DiMaggio, 1982, Powell & Di Maggio 1983, Fligstein, 2001, Fligstein & Mc Adam, 2012). And the social organization establishes due to the collective relationship (Polanyi, 2000), which, as a human product, implies the possibility of people making choices and attempts in their construction process.

The theory of organizational fields proposes that fields are institutional spheres of interest and disputes and their stability or change are conquered by actors who participate in circumscribed arenas, in other words, by socially circumscribed arenas. So, it is known that the actors are not restricted to a field organizational structure, but that they participate in more than one field, and in this case, this influence is part of the construction, stability and change of the field and therefore arenas must be considered in an integral way (Fligstein & Dauter, 2007; Fligstein & McAdam, 2012).

In these arenas, actors try to control it and for that reason, the actors' role is a crucial point of analysis. Even in the stable fields, it is necessary that the actors continue acting for the maintenance of their interests and positions. In this understanding, the state is not exogenous, but instead, is a fundamental element for the understanding of the field, being part of its construction (Fligstein & McAdam 2012). The central elements in this theoretical perspective are described from the Strategic Action Fields Theory (SAF). This is because, each actor, and in this case, the state is also considered an actor who participates in the Market within the field, is inserted and actively participating (Fligstein & McAdam 2012). Strategic action fields are

units of collective action in society and are constructed at the meso-level in which actors (individual or collective) are tuned in and interact with each other based on shared understandings about relationships with others and legitimation of rules. The richness of this proposal is that fields are not isolated. Collective actors participate in other fields of strategic action (Fligstein & McAdam 2012).

From this perspective, the actors occupy spaces of action, being that their influence in the field classifies them in incumbents and challengers. Incumbents are actors whose influence in the field is more prominent. They are dominant actors occupying privileged positions in the field. While challengers are less privileged actors, and whose struggle is in the pursuit of their interests (Fligstein & McAdam 2012). The existence of challenging actors implies an eternal transformation of the field in the sense of disputes between incumbents and challengers, who fight for the maintenance of status one by one and the struggle for conquest of another.

The state is essential to the emergence of fields (Fligstein 1990, Fligstein & Brantley 1992, Fligstein 2001). In the case of market for psychotropic drugs, the state actively participates in this entire process, since from manufacturing, import, sale and consumption until it passes the legal criteria imposed by state.

### 3.2 MARKETS AND STATE

Block and Evans (2005) argue that researches are wrong in considering some elements, such as the strength of the state as exogenous in the constitution of organizations. However, this is a fundamental element for the understanding of the fields. Considering the social space in which the state is embedded, Dobbin (1994) positions that this space and culture influence on the formation of public policies. In this statement he denies what means to be the rational

calculation of utility and economic efficiency since his study of the construction of railways in France, the United States and England, traces a historical cultural summary on the development of the political strategies of governance of this industry, and also demonstrates diverse ways that each country has in relation to these policies. In this case, the specific formation of each society influenced the way in which these constructions and their legal determinations were conducted. Dobbin (1994) calls industrial culture the institutionalized principles of industrial organizations and the economic behavior of each country. This is because for the author, meanings are inseparable from practice and are not fully considered when studied by most theories. In Sociology of markets, markets and state are not opposites, but embedded (Fligstein, 2001, Fligstein & McAdam, 2012, Block & Evans, 2005). Block & Evans (2005) support this perspective through three propositions that are:

First, state and economy are not analytically autonomous realms but mutually constitute spheres of activity. Second, both states and economies are embedded in societies that have specific institutional structures, and this embeddedness plays a critical role in both economic and political outcomes. Third, this embedding is dynamic; it is often reshaped by institutional innovations that reshape the ways that states, and economies intersect. (2005, p 505)

To explain the propositions, Block and Evans (2005) explain that government interference is fundamental even in societies with greater market orientation. This interference appears in many ways such as through financial control and central bank management and money supply, territorial control and environmental policies are part of the functions of the state.

The society to which the state and the economy are embedded is another key point for Block & Evans (2005). In this aspect, the authors argue that the society in which the state and the market are inserted are part of an institutionalized system and this defines social practices

not only linked to the actions of the state, but in general including social groups and their considerations and political preferences. What happens in this case is that the sphere of the market is not disconnected from the social characteristics of the place where they are installed, and the characteristics of the market are structured in the same circle, influencing and being influenced and consequently transforming and remodeling the interaction between state and Marketplace. The discussion of state in the context of the market of psychotropic drugs is fundamental since the existence of this market is limited by legal specificities governed by public policies.

Considering the perspective of economic sociology, the role of the state is different from economic theory, which share a free market assumption whose participation of the state in the action should be restricted to the control of opportunism. In opposition to this thought, economic sociology does not observe market and state as opposites, but rather as embedded (Fligstein, 2001, Fligstein & McAdam, 2012, Block & Evans, 2005). Block & Evans (2005).

Psychotropic drugs are medicines which trade is directly connected to aspects of public policy. Its commercialization passes through the process of product release by ANVISA, and because of that, the prescription is restricted to medical professionals and there is a control linked to international agencies of control. In this case, this market is delineated due to the legal control by which these substances are submitted. In addition, this aspect of the field is an environment of disputes between the actors whose interest is related to these drugs.

### 3.3 MORAL AND MARKETS

The fact that the market for psychotropic drugs undergoes transformations due to the change in the concept of mental health over time and the relationship between this fact and

health and medication policies and the concept of professionals related to the area makes it important to consider the moral issues involved in this market.

There are different perspectives when discussing moral and markets, the first concerns on “qualities as honesty, ethic, personal integrity, and consideration for others” (Hall & Lamont p 4 1992). And the other one, consider cultural and institutional issues and not from solely a judgment of good or bad, which disregards elements beyond exchange (Fourcade & Healy 2007). Hirshman (1982) described markets affecting moral from its civilizing, destructive aspects or even from its weakness in social influence. Fourcade and Healy (2007) understood that this view deals with market and moral aspects as separate spheres and propose a fourth view of the market as a cultural phenomenon, since it is a social construction with normative characteristics. However,

declaring that moral boundaries are sociological phenomena does nothing to resolve practical struggles over their definition. What makes the question of the relationship between markets and morality particularly difficult to study from this dispassionate viewpoint is that—as we demonstrate in the first and second parts of this review—social scientists have themselves been deeply involved in the moral evaluation of markets and their alternatives. Critics remind us that the market is a profoundly political institution and routinely use the language of commodification and power to convey moral outrage. Advocates of markets deny this and suggest more or less explicitly that the rationale of the market is deeply ethical, either because efficiency itself is a vital moral criterion or because the market enables some other, higher principle to be fulfilled” (Fourcade and Healy, p 14-17 2007).

Horwitz (2002) suggests morality as a product of people’s or groups’ personal interest and therefore, it is a social construction; especially because one can observe in the context of

history that concepts like good and bad are transformed. These transformations can be observed through the works of Zelizer (1978) and Quinn (2008). Zelizer (1978) studied the life insurance market and sought to understand the transformation of meaning in this market, as well as moral discussions about this topic. In her paper, she sought to understand how life insurance spread in the United States in the nineteenth century. This historical tracing begins with the very construction of the belief of the sacralization of man in modern society. Since man is sacred and money profane, to think of financial equivalents for human life would be the desecration of the sacred. Quinn (2008) drove on the studies of moral markets and how the discourse is legitimized by agents that influence it. Also, the category of goods traded in the Market influences in the legitimation of the exchange process.

Moral and market studies often focus on contested markets and their moral transformations. Anteby (2010) researched the cadaver market for educational purposes and the legitimacy of this exchange based on the educational justification (2010) based on the strategies to legitimize this trade. Moral legitimacy is an important form of legitimacy because it represents a positive assessment of the community in relation to an organization and its activities (Anteby, 2010).

The understanding that morality follows the processes of social transformations can be visualized and understood in what concerns the understanding of psychiatric medications. Issues involving health and the market are important to discuss from the point of view of both moral orders.

### 3.4 SOCIOLOGY OF PROFESSIONS

The meanings related to mental health were transformed over time, both by social issues and from scientific studies that led to a medicalization of life and consequent aspects of mental

health. By this, the moral transformations are linked to the professionals involved in the field, leading to the studies of the sociology of the professions. Thus, a crucial point for understanding the psychiatric medicine market is the professional agents who have the priority for diagnostic authority and prescription of controlled prescription drugs.

To understand this issue, we begin to understand the profession from the systems of professions. Abbott (1988) describes it as a relationship between the profession and the expected design of the work to be done, and he portrays it by outlying the work as a map of people performing the same activities, regarded by him as an isomorphic map people.

The task of specialists is to soften human problems from their specialties; however, professions are not static or stable, they are subject to changes in their central characteristics of activity. Professions are culturally understood from their actions regarding diagnosis, problem inference and treatment. These three professional characteristics lead to claim of jurisdiction. That represents the search for the social recognition of his profession. This claim can be legal and political. Friedson (1986, 1988), whose theoretical basis will give support to discuss about intermediaries in the construction of psychotropic drugs market related to the idea of knowledge and power. To him, the authority is guaranteed from the expert knowledge. Freidson (1986) analyzes the knowledge transformed into action from the analysis of the institutions that mediate the knowledge and power, represented in this case by the formal (scientific) knowledge. To understand that relationship, Freidson (1986) explains, “knowledge is intrinsic to human culture” (p. 2), however, the expertise comes from a body of knowledge that is not accessible to everyone and therefore is respected and sometimes feared.

The professional field practices are not set in a vacuum. The mechanisms of expansion and institutionalization of professions identifies paradigms constructed and connected to the broader cultural and organizational characteristics arrangements (Fourcade at al. 2006). According to Bourdieu (1989), this configuration of the legitimacy of power through the

division of labor is a form of instrumentation legitimacy of symbolic power. For him, knowledge of tools and construction of the objective world are structured from the communication, speech and conduct to strengthen the symbolic power.

The institutional approach argues that professions lead and create institutions. In this perspective, the way the professions act is aligned to cultural, cognitive and normative issues, guiding behavior or even coercion (Scott 2008). In the words of Scott (2008), more than any other group, the professionals are the individuals who perform the function of “Choreographers” of modern society. Star (1982) studied the professional sovereignty of medicine and sought to understand the process of transformation of medicine in the United States. The peculiarity of this profession, if compared to others as law, is in the proximity of scientific knowledge, however, this sovereignty is not acquired exclusively by its rational characteristic, but by the aspects related to dependence and legitimacy:

the dominance of the medical profession, however, goes considerably beyond this rational foundation. Its authority spills over its clinical boundaries into arenas of moral and political action for which medical judgment is only partially relevant and often incompletely equipped. Moreover, the profession has been able to turn its authority into social privilege, economic power, and political influence (Star, 1982, p. 5).

The professional authority and institutionalization lead the profession to a legitimate power. It's possible to observe this legitimacy in medicine, which prestige and authority unfold in privileges and political and economic power (Star 1982). The relationship between professions and mental health systems figure in the legitimacy and authority over medical diagnoses. The medical diagnosis has become crucial for the identification of any aspect of health, which specifies especially from biological concepts the existence or not of problems and which disregards social elements of life. In this aspect, medical sociology seeks to fill the gap of understanding of social aspects related to health.



### 3.5 MEDICAL SOCIOLOGY

According to US National library of medicine Medical Sociology “is concerned with the relationship between social factors and health, and with the application of sociological theory and research techniques to questions related to health and the health care system”. (U.S. National Library of Medicine Collection Development Manual).

Based on concepts of medicine such as social science and social medicine, medical sociology seeks to understand and explain the connection between social conditions and medical problems: “The idea that human disease is always mediated and modified by social activities and the cultural environment” (Bloom, 2002, p 11). Initially, this relation was understood from the social medicine that acted from hygiene precepts of control of the population. Today, medical sociology acts especially from the precepts of social constructionism, acting on the understanding that the world is socially constructed in such a way that what is understood as natural is nothing more than a creation of a particular group or society. In this sense, medical sociology discusses the aspects of the definition of disease and normality, including the aspects that involve the understanding of disease and its expression, both in its characteristics and in relation to differences between different cultures, including in the studies the experience of social expression of diseases. (Barker, 2010).

Strategic action field is a complex theory that intends to cover aspects that are entangled in the understanding of fields, institutions and markets as a guide for a research agenda that intends to broaden the understanding on the construction, maintenance and transformation of the fields from the meso-level social order. And for this he understands the relation between the circumscribed fields and the struggles in the field as significant for the unfolding in the field.

Thus, the present work pursues to understand the struggles in the fields and among the actors, considering that they extend to several circumscribed fields and happen not from a central actor, but considering that the meanings are created from the struggles in the field. While Scott (2008) understands professionals as key actors and creates cultural and cognitive frameworks, and Fligstein and McAdam (2012) understand the authority of the state in establishing rules and routines for non-state actors and fields, my proposal is to seek to understand how the struggles between the actors take place, not centralizing the participation of the actors, but understanding the struggles and how they do to become central in the construction of the state, from the construction of legitimation and the construction of meaning linked to the field.

#### **4. MENTAL HEALTH DEFINITION IN BRAZIL**

Considering that the psychiatric drugs market is directly related to the concept of mental health, this topic contemplates several understandings about the mental health definitions, not only in the historical sense, but seeking to know the different perspectives that unfold in its current knowledge and meaning. Defining mental health is not a simple task, given the complexity of the subject and the very lack of consensus among the professionals involved in their definition, beginning with the definition proposed by the World Health Organization (here forward WHO),

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community. (WHO, 2014)

And despite of this definition, there is much more to say about it. The difficulty in establishing the issue of mental health lies in the complexity of what could be classified as normal or pathological. For sociology, the notion of what is normal is subordinated to the cultural lens of each social group (Foucault, 1972; Horwitz, 2002).

Sociologists focus their knowledge on the collective, intersubjective social world. This perspective traces its meanings at the roots of cultural presuppositions and this bases all knowledge including scientific knowledge, its historical and social characteristics. The social process influences the classification of knowledge as well as the practical and behavioral institutions in which knowledge is embeddedness (Horwitz, 2002)

Normal is a concept based on social convention, since for the constructionists, insane people are economically unproductive and what is observed in relation to the characteristics of the symptoms seen as crazy traits are recognized as normal in other cultures. (Horwitz, 2012)

Foucault (1972) depicted the relationship between society and madness in "The History of Madness in the Classical Age." In this work, the author traces the relationship between madness and society and the change that has taken place in the centuries, from the origin of *Nau dos Loucos*, a ship that took the lunatics from port to port. Without destination and without origin, the lunatics were already excluded from society. However, they were within the social community until the change to create places for hospitalization. In Renaissance, the transformation of madness concept by Descartes, pointing to madness as absence of reason, led to the beginning of the hospitalization process in hospitals maintained by public finances. The boarding houses represented a benefit for the supposed care that would be received and a punishment for the condition presented. As the time passed, the relationship and the continuous transformation of the relationship with madness went as:

If the madman appeared familiarly in the human landscape of the Middle Ages, as they were coming from another world. Now, it will stand out on a background formed by a "police" problem, referring to the order of the individuals in the city. Erstwhile he was welcomed because he came from another place; now it will be excluded because he comes from here, and because its place is among the poor, the miserable, the vagabonds (Foucault, 1972, p.72)

This story has marked the transformation of the representation of madness during time. Initially, the crazy people lived in society, later they went to hospitals that, with the development of medicine, began to exercise care from the biological notion of symptoms.

Medical sociology broadly discusses social aspects related to the notion of mental health because it considers that biological data are not sufficient to support notions based on cultural issues. In the case of mental disorders, whose representation is in the behavioral environment of the individual, the cultural notion of what is being called a disease, different or normal, runs through cultural and social issues. (Horwitz, 2002; Conrad et al., 2008; Conrad & Leiter, 2010).

Changes in the concept of mental health can be analyzed in the order of changes in the social context.

In addition, poor recovery and denunciation of patients' living conditions led to the questioning of treatment bases, leading health professionals to initiate movements for greater humanization in the care of these patients (Basaglia, 1991). Amarante and Torres (2010) inquiry the production of mental conditions from the suggestion, as conditions produced by the process of induction of therapies. In this way, it is possible to consider as an illness an artificially created pathology, for example, when bombarding the television with research, pointing out the number of children with disorders such as attention deficit, for example.

Unlike this view of mental health, medical professionals justify their training from what they consider exclusively scientific elements. Backed up in mental health classifications from the presence or absence of certain symptoms, or from biological issues of genetic or chemical level.

It is important to emphasize, above all, that the diagnostic criteria intend to reflect the ways in which experienced clinicians come to an opinion about the patient's morbid state, that is, establish a threshold between health and illness, as an index of who owes or treatment. (Wang & Andrade, 2012, p 4)

It's not presented a direct definition of mental health, however it is understood that the diagnosis should be hierarchized by the organic characteristics, that is those identified by diagnostic tools such as neuroimaging and electroencephalogram, for example, followed by the other clinical presentations offered under the evaluation criteria of the professional guided by instruments of interview and symptomatology (Wang & Andrade, 2012).

The main guide for the classification of symptoms for diagnostic identification is the diagnosis of mental disorders, the DSM, which brings categories for analysis, diagnosis and the

symptoms associated with them. The manual does not provide a definition of mental health, but rather the definition of mental disorder.

According to DSM-V:

A mental disorder is a disorder characterized by a clinically significant disturbance in an individual's cognition, regulation of emotion, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important life activities. A predictable or culturally-sanctioned response to a common stress or loss factor, such as a loved one's death, is not a mental disorder. Socially deviant behavior (eg, political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders, unless deviations or conflicts result from a dysfunction in the individual as described above (DSM-V, 2013, p.20)

According to Wang and Andrade (2012), the main diagnostic feature is the psychiatric interview "insofar as objective instruments that may replace clinical work are still lacking" (Wang and Andrade, 2012, p 4).

The definition of diagnosis is brought by these authors as a human construct for the classification of changes observed in nature, i.e., it is understood that there is a natural pattern whose deviation is classified in a diagnostic criterion. One of the problems of this method is that it is of low reliability, since it subjects the diagnosis to the criteria of the professional, who must be well trained and be free from judgments and premises.

Within the accepted aspects of psychology, and in this case, I will not go into details of the different theoretical perspectives, but a widely view accepted by psychology on mental health, it is important to recognize that the definition of mental health is included within a

concept of health, which cannot be reduced to the treatment of diseases (Amarante, 2007). Amarante (2007) understands that the definition of health is not only extremely complex, as it is not only one area of knowledge,

mental health is not only psychopathology, semiology ... that is, it cannot be reduced to the study and treatment of mental illnesses. In addition to psychiatry, neurology and neuroscience, psychology, psychoanalysis (or psychoanalysis, because there are so many!), Physiology, philosophy, anthropology, sociology, history, geography (for example, the latter provided us with the concept of territory, which is of fundamental importance for public policies.) But we are talking about history, subjects, societies, cultures. to exclude the religious, ideological, ethical and moral manifestations of the communities and peoples we are dealing with? (Amarante, 2007, p.16)

This definition of mental health seeks to overcome dualistic understandings of the individual and understands that definitions of normality and disease also go beyond reductionist criteria.

#### 4.1 TREATMENTS

Therapeutic modalities associated to psychiatric issues are the use of drugs, biologic therapies (ECT, transcranial magnetic stimulation and neurosurgery), and psychotherapy, which may be of different approaches (behavioral, psychodynamic orientation, interpersonal) neuropsychological and psychosocial rehabilitation (Forlenza & Miguel, 2012).

In this work, given the relevance of a specific drug treatment for the job, only the pharmacological treatment will be pointed out.

## 4.2 MEDICINES

This session brings the definitions of the medicines in a technical way for the understanding of the products studied, thus, they are according to ANVISA. The definition of medicine according to ANVISA is "A pharmaceutical product, technically obtained or elaborated, with prophylactic, curative, palliative or diagnostic purposes" (BRASIL, 1998).

Psychiatric medicines are drugs subject to special control, which according to Ordinance no. 344, dated May 12, 1988 cover substances whose action may cause physical or psychic dependence, and therefore, their sale is subject to special control based on prescription retention. Psychotropic drugs are psychotropic substances whose manufacture, prescription and disposition are subordinate to the protocol of psychotropic substances of the International Narcotics Control Board (INCB), which Brazil is a signatory country and whose objective is to control the consumption and abuse of these substances aiming at health and the well-being of humanity (INCB, 1971).

They have their sale and consumption subordinated to the specific regulation of prescription and disposition as they affect the conditions of emotional states and can cause physical and psychic dependence. According to ANVISA (2015), medicines are health goods and therefore are subject to their own regulation. According to this agency, "medicines are special products designed for the purpose of diagnosing, preventing, curing diseases or alleviating their symptoms" (ANVISA, 2010, p.12) and can be handled in pharmacies or industries as long as they comply with legal requirements. The aspects that involve the consumption of this medicine can be discussed in the way they are classified and in relation to the construction of the criteria of quality and value.

Psychotropic substances have always been present in the history of mankind. Its consumption through natural products, whether for religious rituals, narcotics or medicaments



appears at various times in history. The registration of these products for drug use is not accurate, Foucault (1972) describes it as the consumption of opium and Alexander and Selesnick (1980) as the discovery of bromides. Currently (year 2015), Brazil counts on the registration of 287 substances that are included in the list of psychotropic substances subject to special prescription (ANVISA, 2009).

ANVISA's classification for drugs (and this includes psychotropic drugs) is that medicines are health goods. This classification, due to the institution's position in controlling the consumption of these substances, does not exist as an economic classification. Classical economics considers the division of goods into two categories subdivided into four, they may be public and private and within this division may be excluding (people may be prevented from using) or rivals (their use eliminates the possibility of use by others) (Mankiw, 2009). The table below shows the classification of goods from the perspective of classical microeconomics. This division into public and private goods also separates categories from rival and excluding goods, since rival goods are not always exclusive and vice versa, so private goods can also be natural monopolies, whose nature is to be exclusive but not rival, such as the water treatment system.

Figure 1 Goods Classification

		<b>Rival?</b>	
		<b>Yes</b>	<b>No</b>
<b>Excludent?</b>	<b>Yes</b>	<u>Private goods</u> Ice cream cones Clothing Congested toll roads	<u>Natural Monopolies</u> Fire protection Cable TV Uncongested toll roads
	<b>No</b>	<u>Common resources</u> Fish in the ocean The enviroment Congested nontoll roads	<u>Public goods</u> National defence Knowledge Uncongested nontoll roads

Source: 1Mankiw (2009, p. 224)

Within this classification, psychotropic drugs do not find space between public goods, nor they can be considered private goods since their status as subordinate to medical indication deprives the consumer of the sovereignty characteristic of private goods exchanges.

Another form of goods classification concerns the notion of merit goods and demerit goods. This discussion proposed by Musgrave (Ver Eecke, 2003) implies goods that are classified by their social function both in the positive sense (goods of merit) and in the negative sense (goods of demerit). For Musgrave, goods of merit must have their consumption imposed, even if the sovereignty of the consumer is not respected while the goods of demerit should have their consumption prohibited even if there is the desire of consumption, as it is harmful to society.

Musgrave differentiated merit goods from 3 instances, first "provision of good of merit includes intention to interfere with consumers. Second, good merit is justified on moral foundations and not on a utilitarian basis, and finally, a good of merit is financed differently from a public good "(Ver Eecke, 2003, p.702).

The differentiation of goods of merit and public goods is important and is linked to necessity, not to the desire of the public (consumer). The concept of goods of merit is explained as a moral intervention of the government in function of a better functioning of the market. Ver Eecke (2003) discusses the moral idea of goods of merit and demerit in function of multiple choices of moral preferences, desires, and ideals, and how these choices may be threatened by authority to decide which goods are merit and demerit of the discussion of individual freedom.

The complexity that involves psychotropic drugs requires an in-depth discussion about its nature, since there is no definition in the economy of what is a health good (as it classifies ANVISA). In addition, the prescription of these goods, which is linked to medical authority, is not consensual among health professionals (Horwitz, 2003) who question the cultural and social

aspects not taken into account in most diagnoses beyond the concept of normality disregarded in the classification of diseases and disorders (Horwitz, 2003), nor is their use required for health reasons alone, since part of this consumption today is associated with non-therapeutic purposes, but also for the improvement of cognitive performance, for example (Ortega et al., 2010).

In addition, the concept of merit good also brings the question of legitimacy (Ver Eecke, 2003), which in the case of the psychotropic drugs is pertinent because it raises the question of who can interfere and determine about certain goods. The conflict between the classification of medicines and the interests allocated in this discussion represent another situation of dispute in the field of the drug market. In this discussion, I also return to the question about the professions and science regarding the prescription of medicines and research concerning the development of medicines.

The legitimacy of those who have the right to interfere is not only associated with expert authority, but also with aspects of quality that involve the construction of the quality of psychotropic drugs. To understand the quality criteria attributed to medicines it is important to define what quality are "explicit and implicit, visible or invisible aspects of a good service or person being valued" (Beckert & Musselin, 2013, p.1). The quality is not natural and innate to the object, it goes through a construction process that can be classified from three stages that are: construction of categories, association of the product in a category, and establishment of quality differences within categories of products. The categorization of goods influences their perceived value (Beckert & Musselin, 2013)

This construction takes place from the construction of categories, in which the goods can be allocated. This should be identified as distinct from the other categories and should be shared between producers and consumers. The second process refers to the association of the product in a specific category, because, more than exists in a category, a given good or product

must be associated and recognized to this category. The third process, the establishment of perceived value is the establishment of the different qualities within a specific category, is "a crucial process for the attribution of value and the justification of different prices within a category" (Beckert & Musselin, 2013, p.4). In this process of building categories, marketing activities contribute to the construction of the market and the creation of the values associated with the products (Zelizer, 1978; Kjelberg & Helgesson, 2007; Dubuisson-Quellier, 2013).

Simmel's argument (2011) is that the value is not only a quality of the object, and it is also not only in the idea of the individual but exists only in the relationship between them. In this sense, it explains that value is not attached to the object as color or temperature and thus cannot be considered as subjective to the object because it changes over time, place and relation to the person (Simmel, 2011). This perspective of the author is reinforced by the relational idea between subject and object for the construction of value, because, although the aprioristically characteristics, they only pass to the conscious notion of the human being from a relational perception.

Simmel (2011) proposes a relativistic view, in the sense that the situations change, and the phenomena are not immutable. For him, "there is, in fact, no single rule that can be called absolutely unalterable; each has its temporary validity that changes as historical circumstances allow "(p.111). In this sense, the author criticizes the idea of utility from the economic point of view. Because, in economics, utility is within the subject from the concept of self-interest, and Simmel (2011) differentiates from the thought of relation between object and subject, in other words, value is in the relation between the object and the subject.

This value is built from the qualities that encourage or not at the moment of the purchase. In addition, recapturing Zelizer's (1978) study on the life insurance market, Beckert (2011) recalls that "to be valuable in the market, products must not only satisfy a need but also must

find legitimacy as being negotiable in terms of the market "(Beckert, 2011, p.7). This legitimization starts from marketing actions, but also from the authority of the actors involved.

Considering the different theories that state about goods and the construction of their quality and value, it is important to note that ANVISA proposes medicines within a classification of health goods, recognizing its unique characteristic as a product whose social relevance goes beyond the possibility of maintenance of the market as purchase and sale of merchandise.

Psychotropic medications are used for the treatment of mental disorders and the diagnosis is based more on subjective aspects, based on the judgment and personal criterion of the doctor than by an objective diagnosis. In addition, the different areas of knowledge are positioned differently for the treatment or not of the concepts of normality, madness or disorders.

The concern by state and international agencies about the aspects that involve psychotropic drugs regulations exists because of their nature as medicines acting under health and welfare issues while laboratories invest in research and development of products making it difficult to classify the product.

#### 4.3 THE NATIONAL DRUGS POLICY

What does it matter? We have won a lot, said the husband. Yesterday the clerk paid me an account. You want to see? And he took her to the books. Miss Evarista was dazzled. It was a milky-way of numbers. [...] While she ate gold with her black eyes, the alienist stared at her and said in her ear with the most perfidious allusions: "Who would have thought that half a dozen lunatics ..." Miss Evarista understood, smiled and replied with plentiful resignation: "God knows what he does!" (Machado de Assis, *The Alienist*)

The current Brazilian constitution was enacted in 1988. At the end of military dictatorship in the country the new constitution came with characteristics that encompass both the state's participation in the management of social issues and a basis of capitalist economic freedom. In this way, health has become a "right of all and duty of the state, guaranteed by social and economic policies aimed at reducing the risk of disease and other diseases and universal and equal access to actions and services for their promotion, protection and recovery "(Brazil, 1988, article196). Private initiative was free to participate in health care in a complementary way. In this document it was established the Unified Health System (SUS). With SUS establishment it was required to regulate it and in 1990, Law 8080, of September 19, 1990, was promulgated, regulating the Unified Health System and providing conditions and actions aimed at promoting, protecting and including the formulation of drug policies with respect to the production, release, dispensation, and compliance with health guidelines.

In 1998, with José Serra as Minister of Health, there was the creation of the national policy for medicines (Ordinance 3916, October 30, 1998), which had already been established in the organic health law (8080/90) and was regulated by the decree. Medicines in Brazil began to be managed by the National Drug Policy, approved by decree in 3916/98. (Brazil, 1998), in which one of the principles is the need for rational use of medicines management, concern for quality, efficiency and production of drugs (Brazil, 2001). To encourage the rational use of medicines, and to "ensure the population's safe access, effective and quality medicines at the lowest possible cost" (Brazil, 2001).

The national drug policy creates, from the establishment of the degree of need for the main drugs used by the population, a list (in continuous updating) of essential medicines (RENAME), with the attention not to restrict the action in distribution of medicines. In addition to the list of essential medicines, PNM includes strategic and exceptional medicines.

If, on the one hand, these legal issues cover the care of citizens' fundamental rights, guaranteed by the federal constitution, on the other hand, these legal aspects are economical in matters of production, drug financing and patent registration. For Raymundo (2017) to analyze drug regulation and its economic aspects involve problems of price, competition, means of production and industrial profits.

A patent issues is one of the key points that links the issues of medicines to economic issues. With the end of World War II, the Brazilian government prioritized the entry of foreign laboratories in Brazil. This has led to an atrophy in the development of national laboratories. However, with the new constitution providing for health care on behalf of the state, spending on medicine began to be revised and the then deputy Eduardo Jorge (at the time of the workers' party) proposed a bill (bill 2022/1991), which provided for the use of generic names in pharmaceutical products, guided by the precepts of WHO, but only in 1993 with the strong political and economic crisis caused by impeachment of President Fernando Collor, which caused annual inflation to exceed 1500% and drug inflation exceeded 2500%, Congress viewed the need to act on drugs (Fonseca, 2015). The new president Itamar Franco, after an international seminar to discuss generic medicines signed the decree 793/1993.

Furthermore, the decree also brought opposition from drug retailers' representatives as it mandated the presence of pharmacists in each pharmacy around the country, increasing their business cost. Drug retailers joined pharmaceutical firms in being discontented with this political decision. There was a joint initiative in the pharmaceutical sector to block the decree's implementation. Abifarma and Sindusfarma used courts to complain against the decree. Additionally, 22 pharmaceutical industries and drug retailers introduced lawsuits individually. As the judicial battle evolved in the courts, pharmaceutical firms and drug retailers could delay the introduction of generic drugs. To complicate matters, the demand (doctors, consumers, pharmacists) was

unconfident of the quality of drugs commercialized by generic name or even unaware of the debate. (Fonseca, 2015, p. 32).

The visible struggle between laboratories for the maintenance of the right to property over medicines extends to the present day, with patent law 9.279 / 96 by President Fernando Henrique Cardoso.

To understand the psychiatric medicine as a market it is important to understand that pharmaceutical industries develop and sell these drugs. Then, the government regulate these medicines. In Brazil, these drugs need the license from National Agency of Sanitary surveillance (ANVISA<sup>1</sup>), which is an autarchy to control the Health protection of the Brazilians, through the sanitary control, production and consume of things related to health (ANVISA). Thus, ANVISA is the autarchy that regulates the prescriptions, the allowances if a medicine can or cannot be sell in Brazil and the publicity of these components. Only the physicians can prescribe these medicines and there are three different prescriptions required for the sale of psychotropic drugs, the classifications that delimit each refer to prescriptions of drugs that act on the central nervous system without risk of causing dependence, which corresponds to two carbon copies. Drugs with potential to induce dependence, corresponding to blue prescriptions and drugs with an elevated risk of inducing dependence, which corresponds to the yellow prescriptions.

In Brazil, psychiatric medicines are health products selling under a specific prescription. In this Market, we can detach some specificities. The legislation that refers these medicines is huge and goes from publicity until distribution and manufacture.

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<sup>1</sup> Analogous to FDA



## 5 THE CASE OF BRAZIL

But Science has the ineffable gift of easing all sorrows; our doctor plunged wholly into the study and practice of medicine. It was at this time that he became particularly attracted to one corner of medical science—that of alienism, the study of cerebral pathologies and mental illness. There was not a single authority on the subject in all the colonies, nor indeed in the entire kingdom; it was unexplored territory, or nearly so. Simão Bacamarte saw that any material advance would draw the world's attention to Portuguese science, and particularly its Brazilian branch. "A crown of everlasting laurels" was the expression the doctor himself used, but only in his private raptures at home; outwardly he was modest, as befit a learned man. (The Alienist- Machado de Assis)

In the history of mankind, the issues involving mental disorders are ancient, for there are records dating back 5,000 years with the Akashians and Egyptians (Alexander e Salesnik, 1982). Involving the search for the understanding of what represents the human essence and differentiates us from other animals, the evolution of psychiatric science represented a "central part of the civilization evolution itself" (Alexander & Salesnik, p 23 1982)

It is not appropriate here to retrieve the whole history of mental disorders, especially since other authors have already done it. The search in this session is to understand the issues of health, mental disorders and psychiatry in Brazil and how these events influenced the construction of the market of psychiatric drugs as we see today. Thus, in this session I will discuss the field of the market of psychiatric drugs in Brazil from a historical perspective and discussing the elements that led to its emergence period, transformation, as well as its relevant actors.

The history of health and medicine in Brazil accompanies the process of country colonization, which began in the 1500s with the arrival of the Portuguese. Health care in the

colonial period was especially characterized by the performance of healers and apothecaries (de Miranda-Sá Jr, 2007) and the only institutions linked to health were the houses of mercy which were religious and philanthropic institutions and few doctors who came from Portugal. Which means that, health, although supervised by the court of Portugal (Machado, 1978) had as main actors, religious people.

According to Machado et al. (1978), during the colonial period, there were few physicians and the settlers demanded the king to send doctors to cure the population of diseases that in many cases led to death. "The physician is therefore a character who figures in the relationship between the king and his vassals through the presence of sickness and death." (Machado et al p 23, 1978), specially because since from 1430, the practice of medicine in Portugal started to require approval by the doctor of the king, getting medical practice a power on the confidence of the monarch. Integrated with the power of the royalty, medicine gains an explicitly political character.

Throughout the colonial period, health in Brazil was marked by the lack of medical professionals, absence of health policies and a presence and participation of healers and apothecaries in maintaining the health of the population while mental health did not receive attention (Arruda, 1995). As in all other aspects, health reflected the care and attention of Portugal with its colonies, whose interest was withdrawal and not investment.

The change of the royal family to Brazil in the year 1808 marked the beginning of major transformations in the country, such as the restructuring of some cities, the appearance of theaters and leisure spaces which should serve the whole royal entourage. This change has led to a transformation in the health policies aspect as well. For these events, physicians began to be requisitioned, and therefore, in 1808, the first medical school in Brazil was inaugurated. Before that, it was forbidden to create Universities in Portugal colonies (Machado, et al, 1978).

This social transformation led to a need to collect the alienated and beggars who eventually wandered in the towns inhabited by the royal entourage (de Miranda-Sá Jr, 2007). From that moment on, mental health came to be of greater political and medical interest. Political in the sense of necessary actions to keep the city free of the alienated who wandered the streets and medical, since, the medical knowledge of Brazil came through professionals trained in Europe, where studies linking alienation and health already existed for a long time.

From 1830, a group of doctors, mostly hygienists, began asking for, among other measures of public hygiene, to build a hospice for the alienated. These doctors, who were the founders of the Medical Society of Rio de Janeiro, used some periodicals of the time (Seminar of Public Health, 1831-1833, *Diário da Saúde*, 1835-1836, *Revista Médica Fluminense*, 1835-1841) to trigger an important movement of public opinion, with a view to the creation of asylum. (Costa, 2006, p.33)

This excerpt from Jurandir Freire Costa's book shows how doctors used the public opinion movement to strengthen their demands on the state and how they mobilized the public opinion. In this sense, the medical profession began to strengthen in relation to the care of the alienated, along with the public and political function of these professionals who worked cleaning the city of the alienated.

Despite this beginning concerns with alienates, the formalization of attention related to medical practices just happened in 1841, when D. Pedro determined the creation of the hospice for the treatment of the alienated (Oda & Dalgalarrodo, 2004). Having delayed a decade for its construction, the hospice was not initially under the coordination of psychiatrist doctors, the alienists. Doctors would occupy the directions of the asylums only from the beginning of the

twentieth century, before it, lay and religious people were responsible for its administration (Oda, Dalgarrondo, 2004, Machado et al, 1978).

The hospices were born as a hygienist requirement, having madness as a disease of the brain, and principle of isolation to achieve healing. (Machado, et al 1978). At this period, the increase of psychiatric hospitals, the number of hospitalizations and diagnoses became so numerous, that the famous writer, Machado de Assis, in 1882 wrote a tale called "the alienist", drawing an ironic criticism about science and the criteria of classification of madness and normality applied to the time and at high rates of Hospitalization.

This period was also marked by the abolition of slavery, characterizing the transformation in labor relations, since labor was no longer carried out by slaves and it was necessary for society to re-signify the value of labor, transforming work that was once something deplorable to a relation of ennoblement of the individual. It was necessary, then, to adjust the alienated to work, since healing was also linked to their productive capacity in society and as a form of treatment, the intention was to insert the sickness people to work within hospices (Santos, 1992).

For Machado et al. (1978), psychiatry in Brazil was born of a medicine based on social control, and in this way, control over the insane also represents a control over behavior. The importance of retracting this period is to observe that since the creation of psychiatry in Brazil, even if in a rudimentary way, there is a relationship between the actors involved with psychiatry and the political issues and influenced by economic aspects. It creates an environment of relation between the aspects related to health, politics and the economy within the aspects of mental health. As doctors from Brazil were initially trained outside the country, and the first formators had their formations abroad, the beginning of XX century was marked by an influence of French Psychiatry, which had a biological approach and understood the treatment from the segregation of the social environment.

the medical function was expanded and exceeded the classification and description of the conditions that the public authority had assigned to the hospices. The doctor began to promise the cure, and gradually, the health-disease binomial was replacing the order-safety binomial. (Santos, 1992, p. 31)

It is important to remember, however, that the nineteenth century was marked by two major schools of thought linked to the mental, somatic and psychic issues. Somatic being linked to physical and biological causes, while the psychic school sought mental and psychological explanations. And psychoanalysis, which was also a strong current of understanding of mental aspects, influenced several studies and theorists at that time (Schultz & Schultz, 1998)

With these actions and enhancements of increasing political participation in society, psychiatry began to characterize itself as social ordering creating ideologies, disseminating their ideas especially from materials such as “*Archivos Brasileiros de Psychiatria* [...] seeking its scientific legitimation mainly in the development of neurology” (Santos, 1992, p. 36). Following hygienic precepts and strengthening psychiatric care, in 1912 psychiatry became a medical specialty in Brazil, increasing the number of establishments for the mentally ill and promulgating the law 24.559, for the care of the mentally ill assistance (Costa, 2006). In later years, psychiatry followed the path of hygienism, deepening these references that in 1923, the Brazilian league of mental hygiene (LBHM), was created, following racist, xenophobic, eugenic and anti-liberal precepts (Costa, 2006; Amarante, 1996).

At that same year, it was issued the decree n° 16.300 (Araújo, Rochner, Nascimento, 2011) that approved the regulation of the National Department of Public Health. Whose article 1.409 considered as undesirable “Under the criterion of public health, immigrants under the following conditions: [...] b) Those affected by any mental illness;” (Brazil, 1923). It is not necessary here to discuss in detail the whole history of psychiatry in the country, because many have already done so (Costa, 2006; Machado et al., 1978, Araujo, 1995). So far, it was attempted

to show how psychiatry began in Brazil, with movements linked to the state and strengthened by the work of public opinion, leading to a consolidation of the scientific aspects learned in Europe and brought to Brazil so that the authority of the physician linked to psychiatry started to settle especially with the creation of psychiatric hospitals, which function has always been social hygiene. These Hospitals names are known to this day, like the psychiatric hospital Juqueri and the Juliano Moreira colony.

These hospitals cited, along with many others were scenarios of mistreatment of patients and human rights violations, as reported by Arbex (2013) about the Cologne psychiatric hospital, which shows that there was little or no criterion to differentiate the alienated.

Since the beginning of the 20th century, the lack of medical criteria for hospitalization was routine in the place where everything was standardized, including diagnosis. Maria de Jesus, a Brazilian of only twenty-three, had the colony as a destination in 1911, because she presented sadness as a symptom. Like her, the estimate is that 70% of those cared for would not suffer from mental illness (Arbex, 2013, loc 166).

The reported situation, as in all histories of psychiatric records, occurred in psychiatric hospitals that grew in number of institutions and number of internees until the 1980s, when at the end of the military dictatorship period, mental health professionals already outraged with the conditions of work and treatment of the asylees and began to take notice of the deinstitutionalization practices of the patients with mental disorders. Leading to manifestations and especially to a union and subsequent rupture between mental health professionals and psychiatry. (Amarante, 1996).

With the V Brazilian Congress of Psychiatry held in October 1978, arises the opportunity to nationally organize these movements, which were already being developed in some states. Held in Camboriú from 27<sup>th</sup> October to November 1<sup>st</sup>, this event is known as the 'Opening Congress', since for the first time, mental health movements participate in a meeting of sectors considered conservative, organized around the Congress of Brazilian Psychiatry Association, establishing a 'broad front' in favor of change, giving the congress a character of debate and political-ideological organization, not only of questions related to mental health policy, but still focused on criticism of the national political regime. The Congress is perceived as an opportunity to bring together the progressive mental health movements across the country in "parallel" meetings with the officials programmed by the organizing committee, since the crisis in the sector was reflecting the general political situation in Brazil. Planned to be a scientific meeting of psychiatrists linked to the conservative sectors of universities, private clinics and hospitals, and a few identified with the line understood as progressive, ended up being 'assaulted' by the militancy of the movements and made the entity promoter, the ABP, serve as a guarantor for the MTSM's political project” (Amarante, 1998 pos 983)

The medical professional's excesses follow the criticism of Costa (2006) regarding the self-criticism of medicine and the argument of science proposed by the professionals so vehemently. The Brazilian psychiatrist accepts, in advance, that nothing in his psychiatry deserves attention or comments [...] Brazilian psychiatry persists naively believing that psychiatry is science, and science is unique. For that, he refrains from reflecting his past, insists on ignoring his present, and delegates to Europe and North America the task of thinking about its future. (Costa, 2006, pp. 23-24)

## 5.1 PHARMACEUTICAL INDUSTRY AND MEDICINES IN BRAZIL

In Brazil, before the arrival of the doctors and together with the healers, there were the apothecaries, which was the profession that essentially preceded the profession of pharmacist and determined many treatments for the sick in the beginning of the country. These professionals worked especially with vegetal inputs, coming from the aggregated knowledge of the Natives and of the distinct cultures that arrived here. At the end of the 19th century, pharmacies maintained many of the characteristics of these old pharmacies, including animal, and mineral substances for different preparations (Edler, 2006).

However, the turn of the century and the strengthening of the health sciences and new formulations led to great transformations, since, from time to time, they went from the traditional preparation to the resale products since the new medicines demanded more complex laboratories for their confections. Some national laboratories were able to increase their production, transforming themselves into laboratories despite the characteristics still behind when compared to the European laboratories, whose scale and technology stood out much of the national production. During this period, pharmacies also traded imported products, importing, dispensing and selling pharmaceuticals and beauty products. This growth was so big, that “in the late 1920s, pharmacists were criticized by the Union of Physicians, who saw in this structure an unacceptable submission of medicine to the pharmacy ” (Edler, 2006).

The regulation of the pharmaceutical profession in 1931, with decree No 20.377, of September 1931 (Brazil, 1931) established regulations on medicines, which must be specified within the terms granted by the national department of public health. According to Buenno and Taitelbaum (2008), regulation in this period was a necessity, because even cocaine was suitable for children at that time.



The decree posed the medical prescription obligation for narcotics aviation products: Article 49. The pharmacist, having reason to judge the medical prescription dangerous to the patient by the high dose of active substances or incompatibility of the respective ingredients, will require its confirmation in writing by the professional.

Art. 58. Formulas containing narcotic or hypnotic must bear in the label, in visible characters, the words: "This recipe cannot be repeated without medical order."

Single paragraph. The repetition will only be made with a new prescription that meets the special requirements on the subject.

Art. 153. No pharmacy, laboratory, drugstore and pharmaceutical chemical factories may sell or purchase any toxic narcotic, or hypnotic, and pharmaceutical specialty containing them, without a medical prescription or requisition formed by a qualified professional. (Brazil, 1931)

It is important to situate at this point that the periods dating from the decades of 30-40 there were nationally and internationally involving in political and economic problems such as the crisis of 1929 and World War II. During World War II, despite the problems faced in the country and in the world, which had a strong impact on the economy, the country presented growth, especially stimulated by the difficulty of accessing inputs and imported products. According to Ribeiro (2006, p. 51)

The pharmaceutical industry, in turn, had a significant growth. To exemplify this growth, we take data from companies operating in São Paulo city, the main center of the

country's modern pharmaceutical industry, which recorded in 1945 that: • 171 pharmaceutical specialty companies, drugs and medicines were operating in the capital in 1945; • Of the 165 companies that provided the foundation year, 150 (90.90%) were founded between 1930 and 1945. In other words, only 9.1% of the pharmaceutical companies operating in the capital had been founded before 1930 (Ribeiro, 2006, p. 51)

Growth linked to the difficulty of importing inputs and the training of professionals in chemistry and pharmacy of the new courses opened in the country. During this period, the national research institutes hired several foreign professionals, who, due to the medicinal formulations that were in the public domain, brought them to the pharmaceutical and research laboratories in Brazil (Ribeiro, 2006).

The role of the pharmacist was extended more and more to the sale and consultations on indications and uses of medicines. They continued to maintain a significant clientele, composed not only of doctors' clients of the prescribing the revenues to be delivered, but also of a large community composed of clients of the various agents who disputed with the official medicine the right to treat patients and by self-medicate patients or who preferred to follow the indications of the pharmacist himself (Edler, 2006).

This period is also marked by the Law Decree nº 7.903 of August 1945, which did not consider medicinal formulations patentable because they are health products. (Brazil, 1945)

Art. 8 The following are not privileged: 1º) Inventions of ends exclusively contrary to laws, morals, public health and safety; (2) inventions relating to substances or foodstuffs and medicinal products of any kind; (Brazil, Law Decree nº 7.903 1945)

This fact allowed the country's major pharmaceutical laboratories to develop and grow in this period. However, the opening of the pharmaceutical market especially since the 60s marked the dominance of international laboratories in the country. The economic policy at that time was called new state and was characterized by strong state intervention in the new economic configuration and included an opening for the entry of foreign capital into the country, leading to the entry of new pharmaceutical laboratories in the country and consequently to new products brought by these laboratories.

In the 1960s and 1970s, large multinational companies changed their competitive strategy and began to produce in the least developed countries, overcoming the difficulties of the protectionist barriers represented by tariffs and exchange rate policy. The change in the drug market may have been due to the protectionism of industrial patents that the Brazilian government admitted; of the fiscal incentives given to foreign investors, stimulated since the Plan of Goals (1956-60) by Juscelino Kubischek; of the expensive and sophisticated processes of manufacturing the modern formulas of antibiotics that are inaccessible to less qualified national companies. Finally, all these reasons - recognition of property and patent rights, tax incentives, new manufacturing processes and modern antibiotics - have assured multinational pharmaceutical companies market and industry leadership (Ribeiro, 2006, p. 71).

At that time, drug-advertising techniques became more powerful, ads in well-designed booklets and heralded miracles for all sorts of treatment influenced the consumer's mind about the necessary medicines. As a result, President Getúlio Vargas signed the Law Decree 4.113 (Brazil 1942), which regulated the advertising of health professionals and pharmaceutical

preparations. These regulatory criteria remain until the present day and draws the relationship between state, laboratory and health professionals.

In the same period, there was also the development of new drugs and the attention of the already existing drugs. Lithium, which was already employed in psychiatry, since the mid-nineteenth century has become widely used as a medicine for mania (Shorter, 2009). The rescue of the use of these medicines and the development of new ones occurred from a moment of driven by the historical moment of development of science, which was unleashed from the Second World War, the Cold War and the whole apparatus of technological development in the pharmaceutical industry and, because the post-war traumatic states, which required studies of mental conditions and forms of dealing with war veterans. According to Frota (Frota, 2001), in 1952 it was introduced the first synthetic medicine to treat psychosis, the Chlorpromazine, leading to an euphoria for psychiatry, with the promise of transformation in treatment (Frota, 2001). It was the year that the American psychiatric Association published the first Diagnostic and statistical Manual of mental Disorders, with a total number of 106 diagnoses (Conrad, 2007).

In the same period, there were the entry of the soothing and psychotropic drugs in general in Brazil motivated by the new economic politic from the president Getúlio Vargas (ANVISA 2008).

## 5.2 PSYCHOTROPICS MEDICINES IN BRAZIL

The focus of this section is to identify the emergence and transformation of the market for psychotropic drugs in Brazil. Field theory understands that it is a fundamental topic for the understanding of fields, identifying the formation and the elements that led to transformation.

In terms of medication, there have always been drugs to soothe the mind and tame the agitated spirit. Alkaloids, widely found in nature, especially in plants in the Solanaceae family, have always served as sedatives. Belladonna [...] contains anticholinergic alkaloids [...]. The pure alkaloid hyoscyamine was isolated in 1871 [...] for the insane put it came into wide use in asylums and in family practice (Shorter, 2009, p. 13).

Shorter (2009) comprehends the era of pharmacology the period that began in the 1950s. Prior to this period, there were already several drugs targeted to the central nervous system, in addition to opium, cannabis, cocaine and alcohol which were considered medicines at that time and substances used to aid mood. At the end of the 19th century a German industry (Bayer) developed the first salt of bromine, sedative barbiturate for psychiatric inpatients and in sequence, other laboratories began new discoveries (Shorter, 2009).

As mentioned earlier, in Brazil, there were drugs for widespread use and drugs designed for psychotropic action. And the medicines developed in Europe and the United States came to Brazil because of the customs opening that exists in the country and because there were no patents for medicines.

Despite the profusion of new drugs created in the 1950s, which is known as the first era of psychiatric drug creation, a decade in which drugs such as Diazepam, methylphenidate and Prozac have been developed, all worldwide sales phenomena, there was the period called by Lobo (2015) of "Males of Mind", before the great boom of psychotropic drugs. This period, associated with existing drugs, including herbal medicines such as passion fruit extracts, shows that there was what can be understood as the emergence of the field, since the understandings of actors' roles and characteristics of the field, such as disorders, medications, indications, began to consolidate.

The emergence of the field started to consolidate in this period with the first psychotropic drugs, even if in an incipient way from the point of view of the market amplitude that is known today, since in this Market there were understandings about the rules that governed it, such as who prescribes, who consumed and even the reasons related to consumption.

According to Fligstein and McAdam (2012) the emergence of a field represents the mobilization of collective actors shaping interactions and understandings within particular interest groups. This scenario, which corresponds to reality in the United States and Europe, arrived in Brazil in the 1950s, when, according to Lobo (2015), the publications and "medical discourse on psychoactive drugs in the country began" (p.19).

Thus, the psychiatric drugs that existed before the 1950s represented the beginning of the process of what would become the emergence of the field of psychotropic drugs, which happened together and especially with psychopharmacological reform. During the decade of 50's, product of a series of historical, economic and social factors, medicines have come to be considered a revolution in the treatment of mental disorders worldwide and this profusion of new medicines and also the way it was applied and understood give the character of what may be considered the beginning of the market for psychotropic drugs, especially because in that period, the use of medicines was expanded, and they began to cover not only the alienated but also the population that suffered from nerves.

Figure 2- Elecantol



Source: 2- Paulista annals of Medicine and Surgery, 1945 *apud* Bueno and Taitembaut, 2008

In Brazil, the inflow of foreign capital allowed the entrance of medicines and the growth in the production. According to Shorter (2009) before 1950 “the diagnosis didn’t matter that much because the available drugs were relatively nonspecific” (p. 151).

The documents related to the beginning of psychiatry always refer to this medical area dealing with people with mental disorders related to a severe incapacitation of the individual, and especially the characteristic of madness, that is, associated essentially to cases such as schizophrenia or severe depression. As the name implies, psychiatrists were the "alienists", which means people with absence of reason. Therefore, the main direction of this market was exclusively due to severe mental disorders, as reported by the interviewed psychiatrist.

This scenario changed in the years preceded to the 1950s, already with the first-generation psychotropic drugs, when the drugs became widely advertised for advertising for nervous disorders, especially associated with women (Lobo, 2015). However, disorders

continued to stigmatize the insane and from now also woman, but they also carried a concept found even today that despite and regardless of social issues, those who get sick is the one who needs treatment.

In the years of emergency of the market of psychiatric medicines, the treatments remained predominantly within the scope of severe mental disorders and treatments with hospitalizations. So much so that the guidelines for a comprehensive care model in mental health proposed by councils and medical associations report that:

Another important effect of the psychopharmacology revolution was the creation of concrete possibilities for the effective treatment of people with mental illnesses called "minor" neurotic diseases. This situation has been neglected and needs to be addressed with the same priority as psychotic pictures (ABP, 2006, p. 12).

From the 1960s, psychiatry professionals criticized how the treatments happened, whose results were insipid and whose patients' dignity was violated. "What did improve patients and part of their resocialization was the advent of antipsychotic drugs, such as Chlorpromazine that became available in the mid-1950s, keeping psychotic patients' sufficiently controlled to be treated as outpatients" (ABP, 2006, p 32)

Because of the actions and the debates initiated by Franco Basaglia in the 60's, in 1978 the Italian Law 180 was approved in Italy, or "Law of the Italian Psychiatric Reform", also popularly known as "Basaglia Law" (Amarante, 1996). Also,



The 1960s and 1970s were marked by the diffusion of the administration of tricyclic antidepressants and the decline of Aminoxidase Inhibitors (IMAOs). This period was also the beginning of the Brazilian psychiatric reform and the formation of the Brazilian Association of Psychiatry. At the end of the 1980s, the selective serotonin reuptake inhibitors (SSRIs) were patented, the first one being fluoxetine, which was commercialized in Brazil in the following decades, becoming in the first decade of the century XXI, along with anxiolytics such as clonazepam, one of the best-selling drugs in Brazilian pharmacies (Lobo, 2015, p.19)

What appears in this context is that there is a range of publicity associated with nervous disorders and medical reports indicating the benefits of the pharmacotherapeutic treatments that enabled the treatments of minor disorders is the beginning of the process of transformation of the concepts of mental disorder, with a discourse in which it begins a division between insane people and people whose difficulty may be associated with more vicissitudes of life than to the disorders themselves.

This detachment, accentuated from the 1980s, in the concepts of mental illness allows mental disorders to be less stigmatized because there is a differentiation between the types of disorders, one for insane people, and other for stressed ones. This differentiation is related by the interviewed psychiatric:

The people who used to disturb in society were patients who heard voices, saw figures, took off their clothes, assaulted others. Then mental health problems started to be associated with psychotic people, but yes, there are the psychotic people who today are the schizophrenic? There are, but most of the population today does not suffer from schizophrenia. Schizophrenia affects 1% of the world population, which I get here in

the clinic when a patient with schizophrenia comes, I even get very happy because I quite like to treat schizophrenia too, but what I find here are people suffering.  
(Interviewed 2)

From 1964 to 1985, Brazil was a military dictatorship. And little was done to criticize established positions, especially considering that part of the inmates in psychiatric hospitals were thus determined to confront and question the government. With the democratic elections and new constitution, in 1988, health became everyone's right and a duty of the state. Worldwide, criticisms about mental disorders treatment appeared in various parts of the world. An example was Stanley Kubrick's film, *One Flew Over the Cuckoo's Nest*, which won an Academy Award for Jack Nicholson's performance. The movie was released in 1975 and denounces the abuses and excess in treatments and medications in a psychiatric clinic.

After the end of the military dictatorship, in Brazil, Paulo Delgado<sup>2</sup> Proposed in 1989, the Law project 3657/89, which sought a deinstitutionalized proposal of psychiatric care. The Law proposition is about the progressive extinction of psychiatric hospitals. Until that time, many psychiatric hospitals were created, and they had numerous reports of mistreatment and abuses by caregivers in relation to service users. For this reason, and motivated by the knowledge of Franco Basaglia, in Italy, this Law project followed the proposal of the extinction of psychiatric hospitals and the replacement of the forms of treatment.

After debates and movements of the psychiatry professionals in the national congress, the law 10.216 of 2001 replaced the law project, maintaining the psychiatric hospitals and the centrality of the medical professional. Thus, the 80's represent what can be identified as the

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<sup>2</sup> Paulo Delgado is a Brazilian sociologist and politician, representative of Minas Gerais. He has several laws approved by the congress for psychosocial attention, in the search for the integration and rights of users of mental health treatments, their integration into society and their protection.

moment of transformation in the field of the market of psychiatric drugs. With new knowledge about mental health, new discussions about hospitalization and a struggle, influenced by foreign studies about psychiatric hospital, the anti-psychiatric struggle arrived in Brazil, brought by the psychiatrists themselves.

It is important to consider that the whole movement of psychiatry in Brazil is strongly influenced by international movements. The American Psychiatric Association, whose members were dominant within a psychoanalytic perspective between the 1940s and 1970s, underwent a transformation, with most members with mainly biological orientations from 1980 (Vallée, 2015). It can be noticed a difference of the first two editions, which presented a psychodynamic perspective on the understanding of the individual, based on psychoanalytic view of human being, understanding the disorders from the divisions between biological and psychological. In these editions, psychiatrists were suggested to act to understand the symptoms:

as opposed to merely treating the symptoms[...] clinicians were encouraged to use the diagnostic concepts to make a general assessment of the patient's condition, which would orient them to the social and/or psychological issues that might be troubling the patient. Importantly, with this approach the initial diagnosis was not set in stone, but rather was subject to change, as the patient maneuvered through the healing process. (Vallée, 2015, p. 285)

This transformation is important from the point of view of the field, since it represents the struggle between health professionals of essentially psychoanalytic orientation for a transformation to essentially biological medical characteristics from an instrument of international legitimation of the mental health perspectives that is represented by the DSM. Containing a total of 25 diagnoses, the year of 1980 marked the release of the third version of

the diagnostic and manual of mental disorders, with 159 possible new diagnoses from the first edition.

Using the expression employed by Frota (2001), the period of transformation of the market for psychiatric drugs is marked by a therapeutic euphoria, linked to the development of new drugs and knowledge of the central nervous system deepening every day.

If in the period of market emergency, psychiatric drugs were produced for madmen who lived in hospices, gradually the re-signification of disorders from the biological knowledge led to the naturalization of treatment needs and medicines along with the launch of new generations of medicines. What we have today are two distinct forms of relationships with mental disorders, the socially acceptable ones, and psychoses in the scope of schizophrenia, for example, that represent the loss of rationality and therefore, are still the target of more hostile treatments and still a target of fear and prejudice.

## 6 ANALYSIS

For the organization of the analysis, it will be divided into topics that will follow the proposal of the specific goals.

### 6.1 ACTORS

One of the most striking issues in the psychiatric drug market is expressed in the centrality of health professionals. One fundamental fact in this case is that is specially related between two divergent perspectives, which can be described as psychiatrists and mental health professionals (representatives of the anti-asylum movement), i.e., the divergence among health-related actors.

This does not mean that there are no other views and concepts of mental health, especially represented by the different theoretical perspectives of psychology, such as cognitive behavioral psychology, psychoanalysis which was a strong strand of studies and conceptions until the 80s and Gestalt, to say some. Although these perspectives are not insignificant from the point of view of the representativeness of mental health professionals, they are little representative within the political struggles, as they do not represent a strong and cohesive group within the political disputes.

This division, which appears especially from the 70's, with the anti-asylum movement (Amarante, 1996) remains and was evident in the field observations and is significant because of the centrality of health professionals in the market for psychiatric drugs. The conceptions expressed by these professionals characterize the practice on mental health in the country and unfold in the indications of treatment. Thus, mental health in Brazil is divided between two main conceptions, which are represented especially by the Internal Governance Units, Brazilian Psychiatric Association (ABP) and Brazilian Mental Health Association (ABRASME).

Also, there are federal constitution and norms determined by the ministry of health and ANVISA that structure these actors' actions in health and mental health aspects. According to Cultural Center of Health Ministry, the structuring legislation of health are: Law n° 8.080, of 19/9/1990, Law n° 8.142, of 18/12/1990, ordinance n° 2203 GM/MS, of 05/11/1996, ordinance n° 399 GM/MS, de 22/02/2006, and the legislation related to mental health are presented in:

Law n° 10.708, from 31/07/2003: establishes psychosocial rehabilitation assistance for patients with mental disorders who had been hospitalized.

Decree n° 0, from 28/05/2003: establishes interministerial work group to the specific ends and gives other providences.

Law n° 10.216, from 06/04/2001: about the protection and rights of persons with mental disorders and redirects the mental health care model.

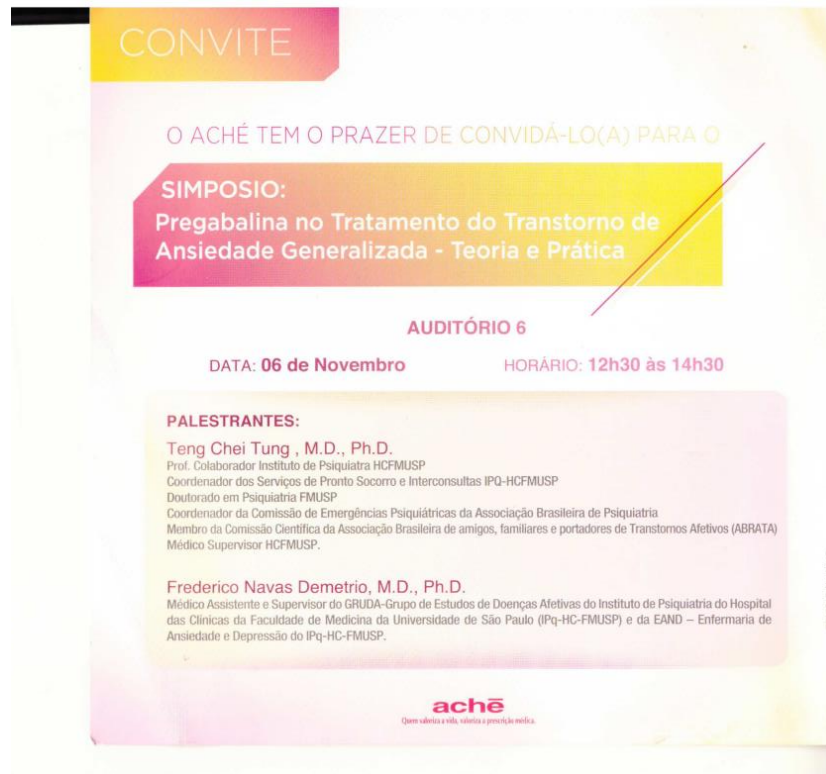
Law n° 9.867, from 10/11/1999: provides regulation for the creation and operation of Social Cooperatives, aiming at the social integration of citizens.

These norms regulate the actions to the health professionals' performance and structure the functioning of the health institutions. These norms demonstrate the significance of the state in mental health issues and therefore, in the market for psychotropic medications. These laws, however, are not perpetual, and are altered as arguments and struggles are established in favor of their transformation. These arguments may be political, social and scientific and represent areas of contention among actors. The transformation depends on the actors acting in the field. For this reason, the differences between the mental health concepts goes beyond care and treatment, they expand to mechanisms that search for the sovereignty of a certain perspective, and in the case of incumbent actors, seek the maintenance and stability in the field from the alliances among the involved actors.

These two different perspectives define what in the country happens to be a division between psychiatry and mental health, represented by the following IGUs, "Brazilian Psychiatry Association" and "Brazilian Mental Health Association". The two different viewpoints of mental health are not exclusive to a professional class, although psychiatrists are more predominant from a more biological perspective and from other health professionals from a more social perspective. During the Brazilian Congress of Psychiatry, I met several psychologists who were participating in the event, also during the Brazilian Congress of Mental Health, I met occupational therapists, psychologists, psychiatrists (as Paulo Amarante, Honor President of the Association) and this vision is not restricted to specific classes of professionals despite the predominance of professionals in each area.

Considering these actors as fundamental to the market of psychotropic drugs, laboratories are also fundamental in their essence, since they are the ones that produce and research for the development of new drugs. Convicted by the scientific legitimacy of research, and backed by concepts attributed to mental health, laboratories develop and produce products for the treatment of mental disorders and participate as producers in the market for psychotropic drugs. However, the relationship goes beyond production, because the pharmaceutical industry also participates in the training of prescribing actors at several times. As can be seen, for example, at the Brazilian Congress of Psychiatry, where during lunch there are courses offered by the pharmaceutical industry to the professionals participating in the event. Considering these actors as the main and significant actors in the construction of legitimacy and meanings of the market for psychotropic drugs, it is important to identify the concept of mental health proposed by these actors. As it can be seen in the invitation folder during the Brazilian Psychiatric Congress:

Figure 3- Lunch with pharmaceutical Industry



Source: 2 Fieldwork

In this invitation, the theme of the symposium is the use of a medicine (Pregabalin) in the Generalized Anxiety treatment and it was offered a McDonalds' lunchbox and a thermic lunchbox with the brand logo, as it's seen in the picture above. Besides the gifts offered for the professionals, the speakers of the symposium are named in the invitation and the academic titles of each speaker are listed. The legitimation of the academic title supports the treatment with the aforementioned medicine.



Figure 1- Thermic Bag from Aché Industry



Source: 3 Fieldwork

Thus, the actors involved in this field are represented by Pharmaceutical Industry, State and Medical and health professions, though these actors are also individuals representing different interests and alliances that can be identified in the following pages. These relationships comprise what Fligstein and McAdam (2012) understand by circumscribed fields and which outlines the actions that shape the structure and maintenance of the current scenario of the market for psychotropic drugs.

In addition to the identification of the actors, this market follows the social structures proposed by Fligstein (2001) in which the market is classified within aspects of property law, in which the laboratories struggle for the maintenance of the property right of the medicines (Fonseca, 2015), governance structures, represented by the laws that rule both the health of the country and the manufacture, sale and advertising of medicines, the conceptions of control that in this case represents the shared knowledge about mental health and the need for medication, which Fligstein and McAdam (2012) mean by shared understandings. This concept will be presented in the next topic.

## 6.2 MENTAL HEALTH CONCEPT

The Strategic Action Fields permeates the knowledge that actors share understandings of the world and this structures the social space (Fligstein & McAdam, 2012). This fact makes the concept of mental health understood and applied one of the crucial points about the market for psychotropic drugs because it unfolds in the consumption of medicines or not. According to Barker (2010), one of the issues related to the concept of diseases is aligned with the problems of social construction, since this perspective understands that the concepts of disease and health are based on cultural contexts and from the experience of what is disease, giving support to what is known as health. Therefore, both from a field perspective and from the sociology of medicine it is important to understand the applied concept of mental health for understanding the field. Thus, to comprehend the concept of mental health in the field, I called on to the actors who work in the field, such as psychologists and psychiatrists, and observed the events and the discourse of professionals in these events and analyzed the collected materials.

For the Brazilian Psychiatry Association, mental health is essentially connected to biological and symptomatologic bases and this was observed in the XXXIII Brazilian congress of psychiatry that happened on November 4<sup>th</sup> to 7<sup>th</sup> of 2015. The practice of psychiatrists in this event was explicit from addressed to the chemical issues of the brain, as demonstrated in the speech of the lecturer Fatima Vasconcellos at the roundtable "is it madness? Is there a cure?" Which stated that the "model of depression is a disorder of the brain and mood regulation [...], endocrine functions and repercussions of these behavioral changes. "

In the aforementioned event, brain chemistry dysfunctions were the main arguments for mental disorders. And the diagnostic criteria like DSM and CID-10 are the guidelines for determining for classifications. The indicated treatments were primarily medications, despite the references to treatments such as electroconvulsive therapy. Psychotherapy as treatment did not received attention, except as a complementary treatment (to pharmacotherapy).

The disorders, diagnosed especially from a series of symptoms described in the DSM were brought by both the speech of the professionals in speeches and in this and the materials distributed by pharmaceuticals companies in the event. These informative contents especially on pharmacotherapeutic treatments, were composed by studies review of medicines that are sold by the pharmaceutical companies. With titles such as "Advantages of Pregabalin in the treatment of patients with Anxiety Disorders", "Mental Disorders in children and adolescents," "cardiovascular safety in children and adolescents with sertraline", reflect the perspective observed throughout the Brazilian Psychiatry Congress, i.e. a vision of chemical changes of the brain, identified especially from a set of symptoms and whose treatment is primarily pharmacological. The etiologies of the disorders were not given attention unless biological issues were identified, that is, attention is given to questions whose etiology result on genetics, for example.

The psychiatrics professionals interviewed mentioned the biological bases of mental disorders and the complexity of the whole aspects about mental health. According to them, genetics and neurological bases demystify many of the previous knowledge about mental health, but is not the only aspect that influences it, as one psychiatrist interviewed says:

because of neuroscience, I think it also demystified a lot of that, right, because you have the part that is genetics, you have all these things, but you have the whole developmental vision of personality, you have other things that are discussed, I think it is very broad today and I think it has to be seen like that, right? (interviewee 6)

Another Psychiatric interviewed also mentioned genetic inheritance, but the environment and psychological aspects were also mentioned, not considering genetics as a single element of justification for the manifestation of disorders, as mentioned:

To have mental disorder, depression, anxiety, schizophrenia, bipolar, you must have a genetic inheritance, but this genetic inheritance may never manifest itself, you need to have a psychological factor, a biological factor, an acting environmental factor. A schizophrenic who has a cousin, a patient who has a schizophrenic cousin, he may have a genetic inheritance, he may never develop the disease, now if he smokes marijuana the disease may appear easier than it is an interaction fact... (interviewee 2)

From the perspective of the health professionals interviewed, even if there is a considerable influence of environmental and psychological aspects to the development of a disorder, these still lie within the concept of socially identified criteria within a symptom-based disease diagnostic. The understanding brought by health professionals is aligned with the idea that disorders are diagnosable and appear especially from the alteration or disorder of life within the social context that we understand as normal, so, from a socially acceptable understanding of the relationships established in that context, for example in the speeches of professionals:

[...] the way I know how to deal with the mental suffering that I learned during college, with all sorts of suffering, medical vision is still very biological based. So the way I know how to deal with it is by medication... so I see that this is being unprecedented and when the patient comes to us, psychiatrists, we have this view that the treatments of mental disorders are not purely biological, they are already poly-medicated, they have tried multiple drugs, the parents of the patient, when he is a child, do not believe in drugs anymore, in medicine, and we are in a very difficult situation, like this ... but so ... I not telling you that it is something that people sometimes confuse ... to say that people are being very medicated is not being against medication, I am in favor of medication, I think it is useful but in lots of cases well diagnosed,

and as I told you, I use some parameters to try to check the role of biology in the causation of that disorder these parameters (interviewee 2).

And other psychiatric that told about the concept of mental health:

I would say that an emotionally healthy person is that person who can maintain a harmonious relationship with people and even having their... their episodes sometimes, not within normality, so to speak, but that most of the time manages to maintain and produce [...] to produce, to produce, to produce goods, to produce healthy relationships, to have children, to care for others, to relate to others, that to me would be mental health.  
(interviewee 6)

When placed in the spectra of harmonious relationships, even if considering non-harmonious moments, the concept of mental health is associated with an expectation of behaviors framework and relationships expected for the presence of health. The absence of health is the upset of person's life, in aspects related to social features like school, leisure, work. As also explained by another psychiatrist:

I say that the person must have a disorder and to have a disorder it must upset the person's life. I look at the environments where that person lives, leisure, work or school, family, friends and if they have any occupation. There is also the other environment that is the religious environment, some people have it, other people don't. So, looking at these environments, if it interferes in one of these environments, for me is already a

disorder, but does not necessarily need to be treated by a psychiatrist, it can often be treated by a psychologist (interviewee 1).

Mental Health is quality of life, it is a wellbeing ... It is ... quality of life, we can have objective elements to evaluate it. I don't know, dwelling, living / ... salary, employment, health, somehow, being able to be ... getting around, not being hospitalized, anyway. But wellbeing is already something more relative, more complicated. But I think ... you asked Mental Health, I think it's to feel ... to be well, wellbeing, happiness, somehow. (interviewee 3).

These mental health understandings, which recognizes that there are moments of "non-normality". However, the establishment of human relationships is part of what constitutes us as social being, contrary to the prospects that mental health are symptomatic constitutions of closed diagnosis, because social relations and society transforms with time and then also the establishment of relationships. Thus, the consideration of health professionals interviewed understands mental health from biological aspects and from relational and behavioral issues. This allows us to reflect on how psychiatry and diagnoses accompany social transformations over time and how diagnoses established in an international manual (the DSM) reflect cultural and temporal differences in their diagnostic criteria.

The social construction of the theoretical understanding of mental health for professionals is related to the qualifications and influences received during academic and professional training. Qualifications refers to degree, courses that influences professionals during their professional qualification. The professionals interviewed reported that during their

academic period they received little training in psychiatry, and this knowledge was often directed towards a practice of poor patient care, as reported by the psychiatrist interviewed:

My psychiatry [...] was bad, I almost did not see psychiatry during my college, but it was something that got me very much in the head [...] my psychiatry was given through seminars, where the whole class was divided into pairs and we were going to give the classes and the teacher was just looking, he did not pay much attention, sometimes he was absent, and one ... I think in the last class, he took us to his clinic, that was an agreement partner clinic of SUS where about half or a third of the class, I think about 10 students, interviewed a patient who was there in the clinic, right ... and ... in fact, I do not remember it very well, I remember those scenes like this ... ten of us interviewing this patient, but I do not even remember the story of that patient. It was the moment, I was in the third year of medicine, this was the moment when I started to give up psychiatry and I started to like the family health and community in this area of public health, you know ... it's ... exactly because of this ... so I saw very little, and then when I went deeper I saw that psychiatry is much more than what was shown to me along the course, it is ... there is much more human than what I've seen, and there's a lot more possibilities than what I've seen in practice in that clinic. (interviewee 1)

These reports show how qualification in psychiatry, which includes undergraduate courses and academic specialization through class associations, courses and other forms of educational improvement, has a strong biological appeal, with few influences leading to a more humanized or expanded view of the psychiatric clinic. In addition, complementary training also impacts on professional practice and conceptualization of health and mental disorder, one of

the elements cited both by professionals and observed during the events is the information and influence acquired through courses offered by pharmaceutical companies. At Brazilian Psychiatric Congress, I've met a psychiatry student who won the subscription for attending the event because she was a member of the Psychiatry League, at the University she attends. Thus, part of their training happens with influence of the knowledge proposed by the Brazilian Psychiatric Association and also with influence of pharmaceutical laboratories from lectures and materials with reviews of articles and selected researches. These reviews are selected by the laboratories and do not represent the only studies related to the subjects but represent the professional's access to a certain subject. One interviewed psychiatric mentioned the invitations of pharmaceutical Laboratories

They sometimes invite you to events. There is always a dinner in such a restaurant, they invite a speaker, give a lecture and make dinner for the doctors, but this talk is about the use of medication, that medication always has to do with medication, they never talk about something else. Some colleagues have registrations and they don't need to pay the hotel to go to congresses and events (interviewee 2)

Mental Health understanding varies according to their formation and influences of the actors in different contexts. Since these influences are built up from struggles between actors from different fields and from different interests, in all cases, the central argument is ensured by the scientific knowledge projected in all forms of knowledge proposed by and for practitioners, and the scientific argument is proposed within selective understandings.

In the setting of psychiatric drugs market, the concept of mental health is also presented by challengers. Represented by the Internal Governance Unit ABRASME, which, encompass



mental health professionals, including psychologists, psychiatrists, nurses and occupational therapists (all professionals involved in mental health), and presents an idea of substitutive attention and de-pathologizing everyday issues and represents direction of the members speeches from the explanation of what is being medicalization. During the mini-course on medicalization in the Brazilian Congress of Mental Health, Paulo Amarante explained that the idea of medicalization is commonly associated with the use and prescription of medicines and also commonly referred to the idea of medicine, as if it were something specifically restricted to medical knowledge. However, in the same speech, he explains that medicalization must be understood as a process and that the expression began with Foucault, from the transformation of hospitals from assistance for charity and hospitality for poor people into medical institutions and public order assistance within a process of reorganization of the state and function of medicine.

As well as the scientific justifications of medical professionals, the arguments presented by ABRASME in defending its definition of mental health are based on scientific studies, from historical data, past experiences and current performances, they cite authors like Franco Basaglia, Michel Foucault and published books to conceptualize the Mental Health concept. As in the case of the interviewee 3 who declared “I access the Periodic portal, I have a lot of contact with people from other countries ... I have a PHD” and during the speech in the course during the event cited, they showed studies and practices already happening abroad in which mental health has a non-institutionalized treatment. Interviewee 4 also explained that its update happens frequently, from groups of studies and events, as in the statement:

We are always studying a lot, you are from the area, always studying psychoanalysis, we have study groups there in the clinic, we offer seminars, study groups, supervision, we have a lot of supervision, we have an average of two to three supervisions per week,

the supervisions also, besides you talking about yourself, you also have to learn, have an indication of some article, indication of what is happening, we subscribe to a psychoanalysis magazine. We go to the congresses to present our work.

Finally, it is understood that different theoretical perspectives led to different conceptions about mental health and the access to each perspective is initially from graduation and courses directed for each professional. The different theoretical perspectives are supported by the legitimization of science and it is common from both forms of understandings.

Having scientific aspects related to both conceptions, the primacy of one conception or another towards the population is shaped by the struggles between the actors who lead the instruments of legitimation leading to what differentiate the legitimacy of the concept of incumbents as historical events and actions and coalitions for its maintenance.

### 6.3 ACTORS RELATIONSHIP

Based on understandings of who participates in the field of the psychotropic drugs market, the comprehension of what is meant by mental health presented by the actors in the field, it is time to understand the relationship between the actors and how they influence the actions and understandings of mental health in the field. So, the first relationship to be analyzed is the two central fields, professionals and state. The actions of the actors related to different mental health understandings appear at several moments from power struggles between society and state and are especially present by the actions carried out by the internal governance units.

At first, the primary relation between state and professionals is shown by the laws and regimentations already mentioned, such as Law 10.216 of 6<sup>th</sup> of April of 2001, which deals with

the treatment of people with mental disorders. This law, proposed by Paulo Delgado was considered a conquest by the actors of the psychiatric reform and was succeeded by the closure of beds and psychiatric hospitals until 2016. Even with these achievements, psychiatric reform actors remain challengers in the field of psychotropic drug market, because even maintaining relationships with political actors and gaining space in their positions, these laws are focused specially on mental health that concerns hospitalizations cases and does not correspond to the breadth of professional and market performance.

During the Brazilian Psychiatry Congress, one of the statements was about the need to present to the population concepts about disorders and mental treatments understood by the ABP in counterpart of the manifestations of ABRASME. In the Workshop entitled “creation of the psychiatrist day”, It was proposed actions that professionals and medical councils should carry out to inform the population about what is mental health from their conceptions. The psychiatrist Roberta Rossi Grudtner, talked about a special day for mental health, in April, since it is the month before the "mental tchê <sup>3</sup>" in Rio Grande do Sul, and thus, it informs the population before the other actors, whose perspective of treatment differs from the ABP (or classic psychiatry).

So we did, in Rio Grande do Sul, we have an anti-psychiatry strand that occurs on May 18<sup>th</sup>, so we thought about doing that week in April, in order to get the population in contact with a careful, adequate, scientific information, before coming in contact with everything, all that arsenal of information that is given in the mental health, which is a week that takes place there in Rio Grande do Sul and that is completely anti-psychiatry.  
(Grudtner, Fieldwork)

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<sup>3</sup> Tchê, is an exclamation expression used by people from Rio Grande do Sul state, in Brazil, and Mental Tchê is the name of the event proposed by Mental Health Professionals to propagate the de-pathologizing perspective in the aforementioned state.

The mechanisms used for the stability of the field take place from the pursuit for legitimacy of actors, and one of the resources is connected legitimacy conquered along with the society. Thus, the manifestations of May 18<sup>th</sup>, about the anti-asylum struggle and the manifestations of mental health event promoted by psychiatrists are mechanisms used for the legitimacy of the actors in the field. Also, in the Brazilian Psychiatry Congress, during the opening of the event, prizes were awarded to journalists and psychiatry professionals.

The Brazilian Psychiatric Association annually awards scientific articles and news stories that publicize issues relating to health and mental disorders that are consistent with their understanding. With the discourse of encouraging the scientific development of Brazilian psychiatry, journalism awards were presented as important for clinical science and practice, because it is understood that information is important in the process of dissemination of knowledge. The partnership with the media and journalists explores the elements for publicizing the institution and the professionals associated with it.

The relationship with the journalists was mentioned several times during the event, including a specific workshop teaching the psychiatrics to deal with media, whose title was "doctor and the media", in which the speakers emphasized the importance of good relationship with journalists in the intention of demonstrate the truth, understanding media as a space that, if medical professional do not occupy, others will. It was also talked about the importance of psychiatry professionals to be present in the social networks and movements carried out by the ABP, such as illuminating the Christ the Redeemer in yellow, in September as a campaign against suicide.

The relationship between psychiatry and the media reveals arrangements to maintain the legitimacy of the theoretical perspective defended by the entity and struggle against perspectives that diverge or question such positions. An example of this relationship with the

information is in the response letters of the Brazilian Psychiatry Association, to the article published in *Veja* magazine, a national circulation magazine. In 2011, the journal *Psychiatry Today* Edition V, August / September 2011, produced by the Brazilian Psychiatry Association of released two Letters-Response.

*Veja* magazine's "You Are Normal" article featured information on current brain and psychiatry studies, citing studies that increasingly deepen brain knowledge and the observed connection between brain and mental disorders. In the aforementioned text, whose title was a questioning, brought in questions such as "if our brains are distinct from each other, and if all mental processes derive from the brain, is there what we call "mental normality?" the advance of genetics, molecular biology, and neuroscience is bringing up human imperfections, which tend to become a rule rather than an exception. He says, "It may be that we are entering an age in which the deviation will be Universal" (*Veja*, p. 166).

The President of the Brazilian Psychiatry Association, Dr. Antônio Geraldo, criticized *Veja* magazine's article, arguing that "As a science, psychiatry has a clear definition of what can and cannot be considered a mental disorder, but it is out of their attributions judging or framing social behaviors "(Antonio Geraldo), telling how to differentiate mental disorders without considering them from their social behaviors, and finalizing the response letter with "It is important to remember that the disease is the oppressor not the Psychiatry." (Geraldo, 2011)

The newspaper in which the answer letter was published is directed to medical psychiatrists, however the content of the Response Letter does not differ from what can be considered a quasi-religious discourse for the need of obedience to professionals. With a structure connected to professional knowledge, followed by risks associated with the neglect of treatment and the importance of taking the stigma out of the patient, psychiatrists assume a position of martyr when they put their efforts in relation to mental health, making it almost impossible to questioning or criticize Psychiatry, especially because of the fact that all questions

are rebutted from suicide data's and information that because of the lack of treatment, this numbers are increasing, and in sequence, accusing the questioner of malice and lack of compassion.

According to the same ABP response letter "clinical practice remains the backbone of psychiatric care. Also because of this, psychiatry does not diagnose diseases exclusively through biological examinations of the functioning of the brain "(Geraldo, 2011). According to the compendium of psychiatry, "the most common and valuable resource for defining a diagnosis in psychiatry is still the interview with the patient, insofar as objective instruments that replace clinical work are still lacking in the psychiatric discipline" (Wang & Andrade, 2012, pg 4).

The absence of an objective instrument additional to the professional abilities of the specialists, unfold in diagnoses biased in relation to gender, social class and race, for example, as the psychiatrists Eugenio Horácio Grevet and Paulo Eduardo Luiz Mattos cited in the Symposium of Industries, by Shire Lab on the topic "Adult ADHD Arena: Who are these people and how to treat them?" and also appear in Caplan and Cosgrove's book *Bias Psychiatric* (2004). This characteristic makes the psychiatric clinic a field of uncertainties in the diagnostic process, which would lead to a professional instability, demanding class efforts for the maintenance and stability of the field. Efforts are made to legitimize the profession and professionals and delegitimize divergent understandings.

The same event presented much of what determines the training of psychiatric medicine professionals in the country, because it is organized by the Brazilian Psychiatry Association and its speakers are famous professionals in the area in Brazil and abroad. From statements marked as "submission to treatment," which demonstrates the hierarchy of the professional facing the "joint struggle" to bring psychiatry to Brazilian society. The ABP, while an Internal Governance Unit works towards building a stable field for the profession of psychiatry. The

ABP, as an Internal Governance Unit works towards building a stable field for the profession of psychiatry.

The relationship between professionals and lay people implies the trust of the client/patient in the professional, and this trust is guaranteed by institutional elements such as professional license, associations and ethics codes, which does not mean that professionals do not meet the social demands, but that needs are also imposed from conceptions of control of professionals marked by an asymmetry of information between the knowledge of professionals and the lay public (Abbott, 1988). As it happens in the contested markets, the struggle of psychiatry professionals to legitimize their work is intense and is due to the interest in seeing their activities represented as moral (Anteby, 2010).

According to Amarante (1995), one of the reasons that led the Brazilian Psychiatry Association to get distance from mental health movements in the 80s was related to differences in political and ideological positions. This does not mean that the Association represents isolated from the political actors. On the contrary, the historical accounts already show that the relationship between the medical entities and later the psychiatrists have been linked since the beginning of the nineteenth century to political issues, associated to mental hygiene.

Thus, the relationships between actors are identified as struggles and coalitions to transform or maintain the structure of the market. In this case, the relationship between scientific actors and professionals related to the state and also legitimizing with population as coalitions like the one with journalists who receive a prize in highlight of its journalistic matters and reports the population as social manifestations such as May 18<sup>th</sup> and yellow September, against suicide. Leading to what we can understand as a conceptualization created by science and disseminated and legitimized by the media from the charismatic disclosures, through the social skills of the actors involved in the struggle.

### 6.3.1 State- Professionals/ IGU

The ABP is a representative entity of psychiatry and psychiatrists in the country. Founded in 1966 the association operates according to the internal functions described by Fligstein and McAdam (2012), which are Administrative, Informative, Regulation, Enforcement and Certification. With the quest to achieve the vision of the entity, exposed in the institutional website that is to be "ABSOLUTE LEADERSHIP in psychiatry through the FORCE and respect always present in our performance, spreading the psychiatric knowledge and being the MAIN INTERLOCUTOR OF POLITICS OF MENTAL HEALTH [...]" (ABP). The institution's vision makes evident the entity's search for being the main interlocutors of mental health policies and in this sense, the ABP as an IGU is related to the political actors in the pursuit of their goal.

Also, in the Congress of Psychiatry, there were the workshops "discussion of the creation of the Statute of the Mental Disorder person" and "projects of law of interest of the medicine" coordinated by the Psychiatrist Salomão Rodrigues Filho. Also, Senator Ronaldo Caiado (DEM-GO), Osmar Gasparini Terra (PMDB-RS) and Luis Henrique Mandetta (DEM-MS), the lawyer Gabriel Andrade and the psychiatrist Roberta Rossi Grudtner were present. Deputy Mandetta is the author of the bill 3,485 / 2015, which establishes the day of the psychiatrist. The bill was created at the request of the Brazilian Psychiatric Association President, Dr. Antonio Geraldo and chosen to be at the same day of the World Mental Health Day, defined by the WHO.

The statement of alliance between these state representatives and the psychiatrists were evident. The statement of coalition between these state representatives, and the psychiatrists were always evident. The speeches of Deputy Luiz Henrique Mandetta and Senator Ronaldo Caiado marked the alliances that the ABP and the associated psychiatrists in the political sense.



Led by a political opposition and direct criticism of the formerly president<sup>4</sup>, the state actors suggested that during the election campaigns, physicians should act in a political way with their patients, speaks later reinforced by the then president of the ABP, DR. Antônio Geraldo, who stressed that doctors should support politicians as politicians were helping them.

today, the president of the rural front, who is the strongest, who is the most politically organized, for our luck, is a colleague anesthesiologist, [...] Marcos Montes said "I will help" and we achieve, with the force of rural people saying to the government "we have a vote to overturn his decree" the minister had to come and had to ask to write a new decree and we only consented if the new decree had written with our wording as we understand it (Dep. Luiz Henrique Mandetta)

These were mixed with discourses linked to evidence-based science and criticism of the psychiatric reform strand. Despite the discourse of concern for patient well-being and health, the concern with the medical class, in the financial aspect, in relation to the labor market and the hierarchy were the main points of the speeches. The mechanisms used to maintain the stability of the field are then understood from legitimizing discourses and actions, such as the political alliance, and the strengthening of the professional hierarchy.

And you can count on us at the Chamber of Deputies and we will see if at the time that the entity complies with all our procedures and become law, is sanctioned, that we can, on October 10, we can in the very near future celebrate the psychiatry day, the day of the psychiatrist, the professional who is in front, between what some people say is

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<sup>4</sup> The president of Brazil in the year 2015 was Dilma Rousseff, who a few months after the event was deposed by the Impeachment process

normal and others dare to say that it is not normal. Count with us there at the national congress (Dep. Luiz Henrique Mandetta)

The state actors present at the psychiatry event are also medical professionals, not psychiatrists, but graduated in medicine, and during their speeches they have pointed out the importance of medical professionals being represented at the congress to defend the class' interests. The relationship between the ABP and state actors is not new and can be highlighted from the beginning of the entity through direct influences both in the construction of public policies linked to mental health and in the struggle for the primacy of the professional as a "natural healer of the mentally ill "(ABP, 2006, p 15).

The economic features are embedded in the social aspects and the economic factors associated to the market depends on the constructed conditions. Bourdieu (2006) assists in understanding the state's participation in this market by describing the "structure of the field of production and the mechanisms that determine its functioning" (Bourdieu, 2006, p.35). Acting as a central player in the psychiatric drug market, the state regulates both drug issues such as production, release and price, as well as how the consumer should be targeted for treatment and acquisition.

Regulating production (law n° 5.991, from December 17th ,1973), advertising (resolution No. 96, from December 17<sup>th</sup>, 2008, Law 6063/1976), price (Law n 10.742, from October 6th,2003.), prescription (Ordinance 344/1998) and all formalities linked to psychiatric medications. To this list, we may include other laws that affect to sanitary surveillance of medicines, prescription drugs and intellectual property regulations. Of all this myriad of regulations and laws that determine public health in the country as a human right, even the regulation of property rights of medicines is within the legal and constitutional dictates. They

also act in the dissemination and specification of what is to be understood as authority, that is, it creates the construction of demand and individual preference.

The mentioned state actors cited in this study, who participated in the XXXIII Brazilian Congress of Psychiatry are also medical professionals. Circumscribed in the field of health and in the field of strategic action of the state, these actors legislate in partial actions for their areas of interest. This does not mean that these are the only doctors inserted in the Brazilian political field, but the speeches indicate support directed to the class and the search for strengthening the precepts of psychiatry linked to a professional and political class struggle in addition to the strengthening of other interests, such as in the case of rural front, as noticed in the Senator speech:

For you to have an idea, who accompanied Salomon in all the proceedings of the medical act, the Medical Act, we were able to approve it in the Chamber of Deputies in an emblematic vote in which there was a great moment also of the union of these two benches, the rural group and the health group [...] I have to recognize that my rural base was always important in my elections, but many times and I repeat here, I had in my state of Goiás a massive presence of doctors transforming their offices in real committees where, at the end of each visit, he asked a patient and said, he asked vote to Ronaldo Caiado for the federal senate. [...] this I owe for the credibility and strength and prestige that the doctors have and did not know how to exercise until the moment.

(Ronaldo Caiado)

On the relationship between state and non-state actors, field theory understands that this relationship is not totally unilateral, and the state and strategic fields of action of society are also influenced by the fact that "State actors have their own interests, identities, and institutional

missions, which routinely affect nonstate fields” (Fligstein & McAdam p 173, 2012) moreover, the most powerful state depends, at least in part, on the support it derives from historical operators who control certain key non-state fields (Fligstein & McAdam, 2012) and it helps in understanding the alliance between state and Medical Association. The peculiarity of this case lies in the fact that these actors are immersed in two different and circumscribed fields, merging their participation in both. Doctors who "make their offices real podium" and politicians who are doctors and promote the interest of the medical class. That is, the actors act cynically if they consider that they use their speeches and positions for results linked to other interests. The struggles in this field are manifested in such a way that the more challenging actors manifest themselves in the field, the more the Incumbents struggle to maintain their positions.

In the justification for the bill, rejected in the Senate, misconceptions and observations were mixed with serious offenses and unreasonable and frivolous accusations against psychiatrists and hospitals, equating them with torturers and hijackers [...]. Since 1995, the Ministry of Health adopt as premise for the construction for the model of care, the exclusion of the doctor from the team that assists the mentally ill and has been doing this progressively. The allegation of the lack of specialized doctors does not proceed, what happens is the abuse of informality and the low wages with which the work of the psychiatrist has been paid. The psychiatrist has been placed more and more as a secondary and dispensable professional and has been attributed to the psychiatrists the maladies of the system. This movement has gained enough space in the media to stigmatize psychiatrists in a well-engineered orchestration that leaves no space for opposing manifestations and opinions (ABP, 2006, p. 15- 20).

The first element to be discussed when establishing the relationship between state and professionals refers to the laws and regulations dictated by the state and that guide the protocols of action within the aspects of mental health. As already described, the laws determine the protocols to be followed by health professionals, determine prescribing professionals, and the exclusivity of directing advertising to physicians. When observed in this way, the state appears as a sovereign power over the actions of professionals and laboratories in relation to mental health. However, when observing the law from a closer detail, it is observed for example that the law No 10.216, of 6 of April of 2001. It was a law articulated by the Deputy Paulo Delgado, and its implantation was a victory within a political and ideological articulation of the antimanicomial proposal, as well as the other movements articulated by other actors.

In Bourdieu's (2006) understanding of state, he identifies the state as a central actor in the markets, so much that in studies of house markets, Bourdieu points the state as creator of the demands of this market. Also, Fligstein and McAdam (2012) recognize the strength of the state in identifying that the state represents a field like any other within the markets, and what differentiates it is the relationship between state and non-state and in this case, both authors recognize elements that link the state to other actors and how this impacts on the construction of markets or even its strength.

According to Fligstein e McAdam (2012), the relationship between state and nonstate fields is not entirely one sided. However, [...] the stability of even the most powerful state depends at least in part on the support it derives from incumbents that control certain key nonstate (p, 67). And it's agreement between this two fields led to rules that legitimate actions on strategic action fields.

The ideal of power is understood as the leadership in the area, and this realization is made through coalitions with political actors, such as the alliance with the rural group, that has nothing to do with health (at least in the conceptual sense), and the doctors. Also, these political actors ally themselves in exchange for support or the inclusion of actors within the two spheres of a medical politician.

### 5.3.2 Professionals and Pharmaceutical Industry

Health professionals and the pharmaceutical industry interact in the field at several ways, in events and in the workplaces of professionals. This is a relationship considered so important and common that during the Brazilian Psychiatry Congress, there is a day with a “dinner with the industry”, which is a closed dinner between the ABP leaders and the industries that collaborate with the event. Information about these dinners is presented in the “Jornal Psiquiatria Hoje”, an informative magazine and in the informative news on YouTube channel the ABP TV. In the event held in 2017, the president of the Brazilian Psychiatry Association, Carmina Abdul reported that:

Certainly, without the industry we would not have a congress with so many activities. Not only scientific events, but also, a multitude of situations in which the psychiatrist will be able in the stands to socialize, talk, exchange ideas. So not only do the conference rooms depend on how much this industry is allied with us, our partners and also how much over these days they will all be able to offer us a condition of wellbeing and comfort, it also brings us the possibility of getting along. Undoubtedly, this moment here to be thanking these partners is an odd moment and a moment that they deserve, that we recognize the importance they have in our astonishing growth that the congresses of psychiatry have had in recent years. (Abdul, 2017)

There is in the speech of the professionals interviewed the recognition that accepting the gifts from the laboratories would imply a counterpart of the professionals. In addition, there is the financial relationship that happens on the part of the laboratories in the partnership with the ABP to organize events. On the partnership between the laboratories and the events, during the Brazilian Congress of Mental Health at the opening ceremony, it was stated that the lack of financial support from the development agencies almost prevented it from happening, and that the pharmaceutical industry offered support for the event, however, it was stated in the solemnity that they do not accept partnership with laboratories.

I'm going to thank a lot because this moment is very rich for us. This congress had everything to not succeed. Our B plan was not doing the congress because we faced every obstacle possible and imaginable. We, as everyone knows here, we do not accept sponsorship from the Pharmaceutical Industry. ABRASME does not have any relation to the Pharmaceutical Industry and we took it to the end. There were many proposals.  
(Abrasma)

While the speech of the president of the Brazilian Psychiatry Association delivers the naturality in the relationship between psychiatric and pharmaceutical industry, as if the actors were in the search of the same ideals and work and act by the same objectives, which in the case is the patient's health and the development of medicine, the Abrasma understands it as a problem.

The gift giving presumes a need for retribution (Bourdieu, 1996) and in this case represents a payment in the prescription of medicines of a certain laboratory. Medical professionals are central players in this market, because their performance is central not only in

the intermediation of the consumer with the product, but also because of the influence of this professionals in state and regimentations since the beginning psychiatry in Brazil, because they act politically. The laboratories seek, therefore, the best possible relationship with the prescribing professionals, which happens with the offers of gifts, courses, travel and comfort offered in the congresses, in addition from the support to the professionals, with campaigns to privilege adherence to treatment and clarify the population about the diseases associated with this specialty.

It is possible that a characteristic of the market of psychiatric medicines is little stated that is the financial relation involving the actors of this market. Also, the professionals interviewed stated the issue of reciprocity implied in the acceptance of benefits offered by laboratories, defined by one of the psychiatrists interviewed as a "promiscuous relationship".

During the opening of the Brazilian Congress of Psychiatry, it was reported that the speakers of the event accepted to give the lectures and to participate workshops without any financial aid, as a form of recognition of the importance and seriousness of the Psychiatric entity in Brazil. During the same event, in the workshop "Law projects of interest of medicine" the speaker, who is a psychiatrist, put in their conflicts of interest "medicine, family and community health and psychiatry." In declaring their conflicts of interest in this way, to show that her only concern would be the noble cause of medicine and health and not external relationship to that interest, like money or pharmaceutical company, the speaker demonstrates that the declaration of conflicts of interest as performed by the other colleagues is nothing else than a statement of who guides his real speeches. All these positions related to the financial aspects declare that the financial question matters in the positioning of the actors and that the relations that abstain from the financial bond show themselves noblest and honest.

Starting from a lack of specificity of the drug indications, and the chronicity of the disorders, respect for prescription and adherence to treatment, the alliance between laboratories



and psychiatrists happens in a way to form a "win-win" situation. The structure of the market for psychiatric drugs, linked to laboratories and psychiatry professionals presents the following relation. What is in this situation is a medical inaccuracy in the production of the diagnosis and the imprecision in drugs effects, because they are classified in an imprecise way, as the application of the classified disorders have no therapeutic standard. This fact represents the strength and weakness of psychiatry and medicines. For professionals, guarantees the primacy of the diagnoses for their specific training. The weakness lies in the fact that few studies today essentially identify the changes in the brain, which are so proclaimed in the journals and speeches of practitioners.

The pharmacological groups that act on the central nervous system, according to the classification found in DEF 2016, are Antidepressants (melatonergic agonists, MAO inhibitors, norepinephrine and serotonin reuptake inhibitors, norepinephrine reuptake inhibitors, selective serotonin reuptake inhibitors), Anxiolytics / tranquilizers / sedatives, anticonvulsants, antipsychotics / Neuroleptics, narcotics / narcotics, hypnotics, psychostimulants (DEF, 2016). These therapeutic classes do not let medications for specific treatments or specific pathologies, especially as everyone responds different to each medication, as one interviewee reported:

when I do not have the previous medications, they are not responding well, I quit, because they, the propagandists, take these products to you and leave them available for you to try, right? Then I go along with the patient, I talk to him, I see the possible side effects, I prepare them for that, I say "look, we are not being able to solve it with what we know or have available so far, the laboratory is proposing a new medicine with these characteristics so, right? if you accept it, we can try it. I provide them the medicine and if we have a result, we start using the product, it's the only way. (interviewee 6)

This lack of specification of drugs for therapeutic indications appears in the publicity of the products disclosed at the event. Of all drugs exposed at the congress of psychiatry, most were directed to disorders such as generalized anxiety disorder, schizophrenia, depression, Attention Deficit Disorder. In this sense, the alliance between laboratories and professionals is strengthened in campaigns such as the campaign "respect for prescription and adherence to treatment" promoted by the Aché laboratory. All the informative distributed by the laboratory, in the event, contained indication of this campaign.

Figure 4- Campaign respecting the prescription



Source: 1- Aché Pharmaceutical Company Website<sup>5</sup>

They create a market structure in the quest for stability, given the fact that if they do not cooperate, they fall into an uncertainty aspect. The mechanisms used for the stability of the field can be identified in the actions for the legitimacy of the central actors through the population and actions that lead to the legal maintenance of the actors in the field. The preference construction is connected to market uncertainty, since the value determines the preference

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<sup>5</sup> <http://www.ache.com.br/saude-e-bem-estar/campanha-respeito-pela-prescricao/>

attached to a product. In the case of psychiatric drugs, the value is tied to the treatment by the physician, which determines the preference of demand. Here, the doctor is the consumer.

The relationship between health professionals and laboratories is wrapped in a moral relationship that encompasses two elements that we can consider as sacred and profane. Health, as sacred, and money as profane. Moral order influences the evaluation of objects and people in the market and the relationship of the individual to health is considered a sacred issue, so much that there are therapeutic practices linked to health from the popular point of view and linked to healers (Loyola, 1983) and is directly associated with the maintenance of life.

From a symbolic point of view, the act of going to a health professional is associated to an almost sacred ritual, when faith in healing is put in the professional and its treatments. Not coincidentally, one of the most intense arguments in Psychiatry today has to do with campaigns against suicide, which in addition to representing an existing problem, also start to justify with greater emphasis the presence of the psychiatrist in the maintenance of life.

The relationships and influences of the actors in the field can be observed in the solemnity and opening speech of the XXXIII Brazilian Congress of Psychiatry. The opening table was composed of representatives of medicine in the country and abroad, Emanuel Forte, vice president of the federal council of medicine, said that Dr. Antônio Geraldo, on occasion president of ABP had brought dynamism and innovation to the association, and that since he is the president, the entity has grown.

Manuel Fortes, Mario Ferrari, both psychiatrists and representatives of entities related to medicine, were present in the opening of the event, where the president of ABP, Dr. Antônio Geraldo da Silva said he was "happy to see so many psychiatrists [...] in positions so important that defines many situations of psychiatry, and Brazilian medicine, it is important to know that we have these representatives around. Demonstrating the importance of the representativeness of the peers in the entities of profession for the strengthening of the area. Dinesh Bhugra, who

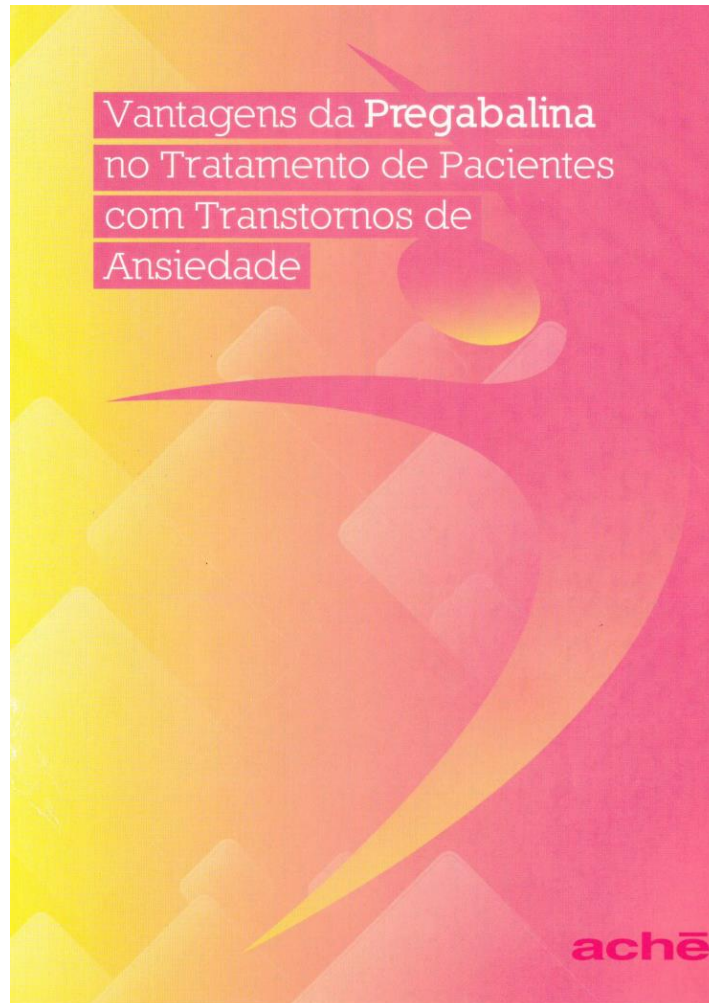
was the representative of the World Psychiatric Association highlighted in his speech the importance of the subject matter of the event (psychophobia), and the need to struggle the stigma of people with mental disorders. According to him, 1 in 5 individuals will suffer mental disorders in a few years, that is, practically one person in each family.

The President of the ABP spoke about the actions of the entity regarding the formation of psychiatrists, medical residency and the obligation to take up residence in institutions accredited by the Brazilian Psychiatry Association, maintaining a training within the institution and strengthening the entity.

The way in which psychiatric specialization is disclosed, as well as the way journalistic texts linked to psychiatry are awarded, makes the process of constructing the concept of mental health an isomorphic field. Both within the country and in relation to the diagnostic criteria, to follow especially the criteria proposed in the DSM. That as a manual of diagnoses of an area whose behavioral aspects are predominant for the diagnosis starts to disregard the cultural aspects related to the mental disorders.

The material presented to health professionals in the event, were a mixture between advertising and pedagogical material, as they bring content like article review and are titled as professional updating, case studies and review of scientific articles and at the same time are materials distributed by laboratories as advertising report for the medical profession, or they are materials with double functions and act in their function so that both refer to reminder to doctors as part of their training and information that unfold in their practice performances. Thus, the materials bring as aesthetic features, scientific references linked to scientific case on the cover and body, and at the end the advertising of the drug, as shown in Figure 5:

Figure 5- Pregabalin Folder



Source: 2- Advertising material

In the Figure 5 the title of the publicity material is "Advantages of the Pregabalin in the Treatment of Patients with Anxiety Disorders", what foreshadows what will be the rest of the material, i.e. benefits and positives of the announced drug. The material is presented in pink, color of visual identity of the pharmaceutical Laboratory ACHÉ, and presents the name of the laboratory in the lower right corner. The present material contains a summary of a scientific work related to the use of the product manufactured by the pharmaceutical company and in the end, presents the product promoted in the material, with the publicity report highlighting the value of the drug when compared to other laboratories, the highlight for "Efficacy proven" in the advertising text and in smaller letters information such as, composition and



patients' lives and conditions are matched in a note to scientific papers with the references presented.

Figure 7-Paroxetine Publicity



Figure 8- 50 FAQ Brochure - Suicide



Source: 5- Advertisement Material

Source: 4- Advertising Material

Thus, even the material directed to information of mental disorders is also accompanying to the publicity of medicine used in its treatment. The following image shows the cover of an informative brochure containing 50 frequently asked questions about suicide. The image demonstrates the sadness of the depressive condition with a black and white photo

of a person covering his face with his hands. It is the cover of a brochure with questions and the content inside has no information regarding the pharmaceutical company which is sponsoring the brochure.

However, the back cover of the brochure contains the advertising image of the medicine for depression. With the contrasting image between sadness and happiness, demonstrated from a person upside down pulled by an anchor, in a water reflection of the dark blue color, and the image above, with a person jumping with an umbrella in the hand and sunbeams in the background. Beside this picture, the drug indication and phrases with information of the medicine, highlighting the words "more effective", "better improvement" and "lower abandonment rate". In addition, the image used in the campaign "respect for prescription and adherence to the drug".



Figure 9- Risperidone Publicity



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- **Taxa de abandono** do tratamento com risperidona foi cerca de 50% **menor** em comparação com a quetiapina e aripiprazol.<sup>3</sup>

Apresentações de **1 mg** **2 mg** e **3 mg** (com o mesmo preço).<sup>4</sup>

**Refêrencias Bibliográficas:** 1) Revista Guia da Farmácia nº245 - Abr/2013. 2) BECH, P. et al. Meta-analytic study of the benefits and risks of treating chronic schizophrenia with risperidone or conventional neuroleptics. Eur Psychiatry, v. 13, p. 310-314, 1998. 3) Yatham LN, Grossman F, Augustyns I, Vieira E, Ravindran A. Mood stabilisers plus risperidone or placebo in the treatment of acute mania. International, double-blind, randomised controlled trial. Br J Psychiatry 2003; 182: 141-147. 4) Hatta K, Sato K, Hamakawa H, et al. Effectiveness of second-generation antipsychotics with acute-phase schizophrenia. Schizophr Res. 2009 Aug;113(1):49-55; 5) Resolução - RE nº 5.724, de 16 de dezembro de 2011 - Certificado de Boas Práticas de Fabricação da Biosintética.

**Zargus® é um medicamento. Durante seu uso, não dirija veículos ou opere máquinas, pois sua agilidade e atenção podem estar prejudicadas.**

**Contraindicações:** Zargus® é contraindicado em casos de hipersensibilidade à risperidona ou a qualquer componente da formulação. **Interação Medicamentosa:** Pode antagonizar o efeito da levodopa e outros agonistas da dopamina.

\*Material técnico científico de distribuição exclusiva à classe médica\*  
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QUANDO TODA A SAÚDE É UMA ÚNICA  
SNC  
Comissão  
**RESPEITO**  
PELA PESSOA  
E PELA ADESIÃO  
AO TRATAMENTO  
achê

Source: 6- Advertisement Material

The statements of the professionals interviewed is that the pharmaceutical industry informative are not so rich in the sense of theoretical instruction. The beauty of the material is recognized, and the professionals pay attention to them. It is also these materials and theoretical papers presenting in then that are presented in Congress, including in seminars such as lunch with industry, which represents part of the formation of professionals during the congress that is a formative event.

Sometimes there is this representative thing, they bring some material for us to read, and it is usually clinical cases, which are very low levels of evidence that they bring,

but they are materialistically very rich, beautiful and colorful and sometimes call attention. Sometimes I leave my office, I'll go have lunch and read the materials ... and there are some things there that help me too. (interviewee 1)

It is veiled in the partnership between doctors and laboratories that the laboratories are producers and developers of medicines and are companies and work on investment based on the sale of their products. The materials delivered to doctors, as well as scientific articles, are also publicity materials with devices that make doctors remember their products at the time of prescriptions.

which is also the objective of the representatives, as declared by the interviewee 5:

In my daily routine of visitation, [...] my work is in the visit, to remind the doctor of my brand, the advantage when compared to the competitor, sometimes have some discount programs. During the visit I will remind them that the medication has come at a more attractive discount, remember the presentation of the medicine, remember the price, close relationship, leave samples, magazines, scientific material, articles, clinical cases ... And I also bring scientific material to the doctor ... That's my job. When I finish the cycle, I start again with these doctors, I repeat the entire process. The goal is to strengthen my relationship with the doctor and to strengthen my brand ... to the doctor, so that when he goes to prescribe some product or medication, he remembers me, remembers my brand, remembers the information that I gave him, the price... This is my routine (interviewed 5)

The other view of mental health, considered by ABRASME, is related to a sociological perspective of the individual allied to the aspects of recognition of subjective aspects. For the

association, there is a need to evaluate and discuss the concept of normality, since the diagnoses are especially related to the division between normality and pathology, the understanding of mental health through this perspective is linked to an amplification of symptoms to a perception of a set of individual suffering.

According to Maria Lucia Boarini, in a lecture given at the anti-asylum Struggle Event, which took place on May 18<sup>th</sup>, 2017, the psychology professor allied to the anti-asylum movement in Brazil explained that the perspective adopted by the movement does not deny the illness nor the need to treatment, nor the use of medication for treatment. In her speech, the movement advocates that people suffering from psychic must be properly treated and without prejudice for their condition and declare that the pharmacology improved a lot the lives of people who suffer from mental illness.

Within the construction of the field structure, medical professionals are associated to pharmaceutical laboratories. These do not represent a particular group of producers, they have similar interests by pharmaceutical production, and diverge when considering the interests of rights of national and international groups and properties.

As already reported, national laboratories suffer from a shortage of new product development investment since the early begin of the pharmaceutical industry in the country. This shortage, combined with the investments of multinational laboratories, has the characteristic of national laboratories as being essentially generic laboratories (within the Central Nervous System). Among the sponsoring laboratories of the Brazilian Psychiatry Congress, only Apsen and EMS laboratories represent national laboratories (considering the associated laboratories of the Association of National Pharmaceutical Laboratories).

The relationship between health professionals and pharmaceutical laboratories appears both in the presence of the laboratories in the Brazilian Psychiatry Congress and in the medical offices. The professionals interviewed recognize the partnership that is established among the

psychiatrist doctors and the pharmaceutical laboratories. And they describe the benefits offered to physicians such as travel, event registration and the investment in events and courses available to doctors.

Regarding the pharmaceutical sales representative visits, the psychiatrists interviewed indicate that they receive the propagandists in their offices, report that they schedule a time, and always deliver some material, "they always have verbal content and written content. They never visit us without having a translated article, a published article, something related to the medicine that they are selling" (interviewee 2), "It's usually clinical cases, so there are very low levels of evidence, but they are beautiful and colorful materials and sometimes gets our attention" (interviewed 1), "they come quite seductive as it happens even more in other specialties, offering you air tickets or other stuffs, because you are prescribing more medicine, more of his product, his brand anyway ... so there is a trade there, so ... I called this ... this promiscuous relationship, right. I do not usually accept this type of offer, right, because you end up having a commitment relationship with that laboratory to prescribe his medicine, right? and then the other ends up being cheaper, or sometimes it has better effectiveness and I think you have to be free to choose. (interviewee 6)

they sometimes invite you to events. there is always a dinner in a restaurant, they invite a speaker, give a lecture and make a dinner for the doctors, but this talk is about the use of medication, that medication, always has to do with medication. They never talk about something else. Some colleagues have registrations and don't have to pay the hotel to go to congresses or events. I never had, I was never offered, and I never had this kind of thing. I think you need to set a precedent to offer you this because you can react badly and the pharmaceutical sales representative may be embarrassed, right, so I do not know how that works but I would not accept it, I think there is an exchange for you to be

financed by somewhere and I do not feel comfortable with exchange, I will prescribe that medicine if I think that medicine is good. I get the samples by which I benefit some patients giving the first month of treatment to them. Because I need to know if that medicine is good for that patient. Instead of me making him buy and interrupt the treatment within two weeks, I get to give him the medicine for the first month and then they come back to see me. This kind of thing. I got that stamp on my birthday from one of the representatives. The stamp and a little box of chocolates, but it was unrelated to the medicine. She gave me as a souvenir the day she came, and she did not talk about the medicine, she just came to give me the gift, that kind of thing ... (interviewee 2)

As reported by the psychiatrists interviewed, pharmaceutical sales representative from laboratories offer products as free samples, informative articles and other benefits linked to the prescription of the product or brand.

What was observed during the Brazilian Psychiatry Congress does not differ from the reports brought by the professionals in the interviews. The main hall of the event was comprised of stands of pharmaceutical laboratories distributing gifts and snacks to professionals throughout the day, as well as a rest space and even massage for the participants of the event.

In the following image, we can identify the stand of one of the sponsoring laboratories of the Brazilian Congress of Psychiatry. With a countertop that serves Starbucks coffee, which is a brand coffee and was freely served during the morning to the participants of the event. Several people are seen picking up coffee while just above the counter there is a large bright screen with explanations of chemical compositions. There are chairs and table for the participants to feel and enjoy the coffee offered.

Figure 10- Brazilian Psychiatric Association Congress – Brand Coffee



Source: 7 Field work

In the Figure 11, it's shown a laboratory stand with a prominent screen with information about selective serotonin reuptake inhibitor drugs. In front of the image, there is a girl with an ice cream freezer from Kibon, a well-known brand of ice creams which were distributed to physicians who concluded the crosswords that asked doctors to find names of medications and disorders. Above the interactive crossword screen, there are the brand of the drugs.

Figure 11- Brazilian Psychiatric Association Congress - Sweet and gifts



Source: 4 Fieldwork

In the Figure 12, the queue of professionals with bags distributed in the event. This specific line distributed gifts as bags and pens from laboratories.

Figure 12- Brazilian Psychiatric Association Congress - Bags and pens



Source: 5 Fieldwork

Also, in the following image the queue of professionals to pick up gifts. In this queue, the lab offered umbrellas, backpacks, or purses. The professionals were required to enter a medical record number and choose one of three gifts. At that moment, I talked to a professional who was in this line:

I went to this line with her, the medical student I met. I was in line to choose between a purse, an umbrella, or a thermal bag. We knew it was only for doctors, but we wanted to try it because it was raining that day and I would have lunch outside the event. Since

I had tried to get a publicity pamphlet addressed to physicians and I had not been able to do it (the only one I could not, since I informed my graduation course), this student very willingly wanted to help and chatted with the doctor to ask for it. He talked about what I wanted, but I could not pick it. If he could get it for me, he asked what was our expertise, she told him that she was a medical student and he commented laughing that "in my time students were not going to Congresses" and she said he was only there for what he had gotten for free, because he participated in the League of Psychiatry at the University where she studied. He lifted his arm, put his hands behind his head and said, "I did not pay either" (with a tone of privilege). She was surprised, and he explained that Daiichi Sankyo's laboratory had paid, like "I work in a large hospital, and I have GOOD HANDS FOR PRESCRIPTION" (he said with a hand gesture). He said that he attends a large hospital, about 300 patients (prescriptions?) per month and the lab gives him the trip. The medical student was impressed, and he started giving tips for when she graduated. He said that if you get used to it, you prescribe well, and that the labs like it, but it's not good to sign them any agreement, because they stand in the way to "hit the target, and that's not cool". At that moment, I do not know if it was because of my face of astonishment or if it was because he perceived his own speech, the doctor said that it is important to take care that the patient's health comes in first place. (Fieldnote).



Figure 13- Brazilian Psychiatric Association Congress - Line to take gifts



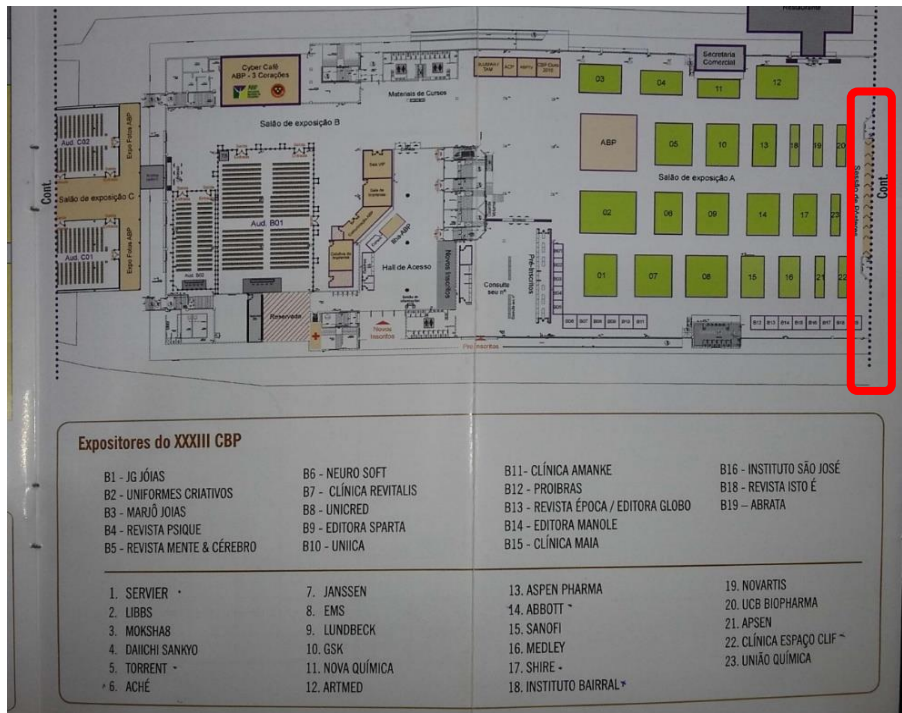
Source: 6 Fieldwork

In the Figure 14, it is possible to observe the space designed to present works in comparison to the space destined to the exhibitors of the event. The circle in red<sup>6</sup> shows the space destined to the academic papers presented posters, presented by participants, while the squares in green, in front of the posters are the spaces destined to the exhibitors of the event, which was especially pharmaceutical companies and inpatient therapeutic clinics.

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<sup>6</sup> added by the author

Figure 14 Brazilian Psychiatric congresso Space



Source: 7 Fieldwork

The relationship between the pharmaceutical industry and medical professionals is not a new subject. Several studies point to the interference between this relationship in diagnosis, as shown by Wazana (2000) Conrad (2007), and in the therapeutic criteria, as in the creation of the DSM diagnostic manual (Vallé, 2015). The fundamental idea pointed out in this work is based on the alliance between the actors how the uncertainty of the field makes possible these coalitions for the maintenance of the structures, observed from the financing of scientific events, training of the professionals that are carried out due to the need to transform or stabilize the field because of the uncertainties of the market.

## 7 CONCLUSIONS

Aiming at the achievement of the proposed goals designed for this study it was necessary to make a historical review that traces not only the emergence of psychotropic drugs in Brazil, but especially the elements inseparable from its consumption that is the problem of health and mental disorder. The relationship between mental health and psychiatric medications makes it possible to understand how health professionals are allied to the market for psychotropic drugs. Therefore, the historical review enabled us to understand that mental health comprehension as we have today is relatively recent, since the emergence of concern with mental disorders in the country emerged from the coming of the royal family to Brazil and the first psychiatric hospital in Brazil was built only in 1852 and, with motives much more connected to the aesthetics of the city than the health of the inhabitants who lived here. Which means that it happened a moral change in the meaning of mental health.

The theoretical arguments that gave support to the development of this work were the sociology of markets, markets and state, morality and market and sociology of professions, understanding that this latter adds a new element to the studies of market sociology and Strategic Action Field theory, and the empirical case allow us to broaden the knowledge about how coalition and struggles occur in a field of uncertainty.

As the medical science deepening, the subjects related to mental health and new medicines were developed, it also began to occur the transformation not only in the market of medicines, but also the transformation in the concepts of the need for mental treatments by doctors, because in the beginning, the needs were associated to the alienated, who later were no longer the only ones in need for attention by psychiatrists, who sought legitimacy of their profession. In this way, the new drugs and the categorization of the new disorders represented

a moment of transformation in the market of psychiatric drugs and in the understanding of mental health.

The emergency of this market occurred in the 50's with the creation of the first medicine for mental disorders, when medicines and psychiatric were directed specially to individuals that lack their reason and had issues of nerves, specially women. This emergency occurred due to the medicalization of life problems and the way in which the medicine started to deal with it. This emergence was a result of the primacy of science over the aspects of human life, and was maintained and strengthened, with the inclusion of the power of the laboratories, which, along with several new drugs, allied themselves with professionals so that, in the 1980s, even concepts about mental health and issues of psychology and development have moved to a biological scope, marking the transformation in the field from the transformation in the identification of disorders.

The issues related to emergence and transformation of the field follow the struggles between actors and the search for their establishment. The scientific argument used by laboratories that develop medicines and by professionals who claim to act as scientific knowledge empower themselves through scientific legitimacy and uses this argument to become unquestionable. To keep this argument legitimated, the actors in the field make alliances with state and constantly reaffirm their position, confirming positions that justify the legitimation authority, according to Weber (2011).

In this case, actors from different fields and circumscribed within the same field from different purposes and interests and coalize for different interests. In this field of study, it's possible to understand and identify the struggles for its maintenance and transformation. The actions of the challengers in the field happen in the search for the legitimation from the legal transformations and treatments in the field, like the struggle for the establishment of the law n. 10.216, besides the discussions taken in scientific events about medicalization. In contrast,

incumbent actors are considered because they dominate most of the possibilities of coalitions, because they co-operate with laboratories, state and holds power for patient's treatment. It shows that in the case of this market, the main dispute does not occur amongst producers, although this was not the focus of the work, but rather among health professionals, who are internal actors in the field given their influence and participation.

These actors who are health actors struggles for the prevalence of their participation in the field and in these struggles make coalitions with state actors and pharmaceutical industries, even if sometimes the interests do not correlate the same field, as in the case of political actors of the rural group in Brazil and medical group, which support each other in favor of different interests. The legitimate rules represented by state correspond to an important actor that all other fields intend to coalition with, because it impose legality to the field. However, this struggle is not only represented by the legal powers instituted by state actors, but also another argument supports the maintenance of power among the actors and this is represented by the scientific argument.

One of the main aspects related to the market for psychotropic drugs is their relationship with mental health, which is one of the aspects involved in the sacred. While health represents the aspect of the sacred, linked to life, money is admittedly the profane aspect of economics, so much so that at several times it is associated with promiscuous exchanges and its involvement takes away the reliability of the interlocutor, especially because it is associated with exchanges and these involve remuneration. Again, used as a neutralizer of the profane power of money is science and the care of the patient.

The theoretical considerations made from this study is about the struggles of actors in the field and how they argue and coalition to keep their position in the field. And how legitimate orders that cross the field and create conflicts between conflicting interests, represented by patient health and gifts from the pharmaceutical industry, for example.

These struggles come about through mutual support between actors from different fields. The focus of this research is on the way in which professional aspects related to science determine the creation and transformation of the market. Since the laboratories are the determinants for the development of the medicines, these medicines gain strength with the indication of the health professionals, who have their almost unshakeable legitimacy by the trust of the science legitimized from actions and alliances between state actors, laboratories and scientists. This research focus takes place in professional aspects related to how struggles about science determine the creation and transformation of the market. And make it possible to analyze the participation of state in a distinct perspective, as a fundamental actor but not the only one determining the construction of the market, despite the centrality of its normative rules, the legitimate rules comes in a coalition of fields.

## **8 SUGGESTIONS FOR FURTHER RESEARCH**

The present work does not exhaust all the possibilities within the theme of social construction of the psychiatric drugs market. There are gaps and outlines that can contribute to a greater and better understanding of this object of study.

It is suggested that the relationship between the state and the laboratories, and the actions and struggles within these spheres of power be studied, as well as the identification of the struggles between the laboratories when the interests of production and development diverge, for example, in the struggle for the maintenance of proprietary rights of patent protection or breach formulations and policies.

I also suggest the study of how the relationship between laboratories and scientists hired takes place in these companies, and in what way researches direct their studies and the struggles and conflicts between industrial environment and scientific knowledge. And finally, the

suggestion is to study the relationship between health professionals and consumers / clients, and how it influences in this market.

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APPENDIX

Roteiro para entrevista semiestruturada  
Profissionais da saúde

<b>Pontos a serem investigados</b>
Formação profissional, o que aprendem sobre saúde mental?
Como tem acesso a novas informações, se atualiza, como se informa?
Falar sobre trabalho, dia a dia na clínica
O que entende por saúde mental
Como os diferentes profissionais se relacionam (médicos, psicólogos, pesquisadores, agências, conselhos de classe)
Como os profissionais veem a ação do governo (legislação e ANVISA) a respeito da questão de medicamentos e restrição de vendas
Como os profissionais veem a questão de medicalização, como veem as discussões sobre o assunto
Como os profissionais são informados dos novos medicamentos
Como acontece a informação científica dos novos medicamentos e a indicação?
Como as instituições governamentais se manifestam (novos medicamentos, aprovação, informação aos profissionais)