

CONSUMPTION OF PSYCHOTROPIC DRUGS AND THERAPEUTIC STYLE: THE LIMITS OF THE RATIONAL USE OF MEDICINES

CONSUMO DE PSICOTRÓPICOS E ESTILO TERAPÊUTICO: OS LIMITES DO USO RACIONAL DE MEDICAMENTOS

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ABSTRACT: In this article we contextualize the era of affective capitalism as postulated by Eva Illouz to point out the challenges of psychotropic consumption. The article starts from a bibliographical and documentary investigation reflecting on the limits of the rational use of medicines as a market issue. Considerations on the rational use of medicines are based on the premise that more information is enough for actors (considered to be rational in order and with given preferences) to make the rational use of medicines. The contribution of the adopted framework contributes by illuminating the power relations which impose objects and discourses, building the reasonableness of which items can or should circulate through the markets. The goal is to observe shared beliefs. We investigated the beliefs around the consumption of psychotropic drugs, in particular the use of Methylphenidate for ADHD, as a way of illuminating the tensions and controversies in the construction of this market. We found the mobilization of two distinct and interchangeable appeals to justify the methylphenidate market: appeal to health, appeal to the market viewed as a consumer's right.

KEYWORDS: Consumption of psychotropic drugs. Market. Affective capitalism. Pharmaceutical industry. Rational use of medicines (RMU).

RESUMO: Neste artigo contextualizamos a era do capitalismo afetivo conforme postulado por Eva Illouz para apontar desafios do consumo de psicotrópicos. O artigo parte de uma investigação bibliográfica e documental refletindo acerca dos limites do uso racional de medicamentos como uma questão de mercado. As considerações sobre o uso racional de medicamentos partem da premissa de que basta mais informação para que atores (considerados racionais a fim e com preferências dadas) farão o uso racional de medicamentos. O aporte do referencial adotado contribui ao iluminar as relações de poder as quais impõem objetos e discursos construindo a razoabilidade de quais itens podem ou devem circular pelos mercados. O objetivo é observar as crenças compartilhadas. Investigamos as crenças no entorno do consumo de psicotrópicos, em particular o uso do Metilfenidato para o TDAH, como forma de iluminar as tensões e controvérsias na construção desse mercado. Constatamos a mobilização de dois apelos distintos e alternáveis para justificar o mercado do metilfenidato: apelo à saúde, apelo ao mercado visualizado como direito do consumidor.

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PALAVRAS-CHAVE: *Consumo de psicotrópicos. Mercado. Capitalismo afetivo. Indústria farmacêutica. Uso racional de medicamentos (URM).*

RESUMEN: *En este artículo contextualizamos la era del capitalismo afectivo postulada por Eva Illouz para señalar los desafíos del consumo de psicotrópicos. El artículo parte de una investigación bibliográfica y documental que reflexiona sobre los límites del uso racional de los medicamentos como cuestión de mercado. Las consideraciones sobre el uso racional de los medicamentos parten de la premisa de que más información es suficiente para que los actores (considerados racionales en orden y con determinadas preferencias) hagan un uso racional de los medicamentos. La contribución del marco adoptado contribuye a iluminar las relaciones de poder que imponen los objetos y los discursos, construyendo la razonabilidad de qué artículos pueden o deben circular por los mercados. El objetivo es observar las creencias compartidas. Investigamos las creencias en torno al consumo de psicofármacos, en particular el uso de Metilfenidato para el TDAH, como forma de iluminar las tensiones y controversias en la construcción de este mercado. Encontramos la movilización de dos apelaciones distintas e intercambiables para justificar el mercado del metilfenidato: apelar a la salud, apelar al mercado visto como un derecho del consumidor*

PALABRAS CLAVE: *Consumo de psicotrópicos. Mercado. Capitalismo afectivo. Industria farmacéutica. Uso racional de medicamentos (URM).*

Introduction

The concern with the rational use of medicines concerns different sectors of the pharmaceutical industry. As defined by the World Health Organization (WHO), the rational use of medicines is when patients receive medicines in a way that is appropriate to their clinical needs, in doses appropriate to their individual needs and for an adequate period and at the lowest cost to them and their community (BRASIL, 2017). A sector where the consumption of medicines and the increase in the number of diagnoses that accompany it also grows is the Methylphenidate market and the corresponding diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) (PANDE; AMARANE; BAPTISTA, 2020).

The use of medication and its diagnosis have become increasingly trivialized². Methylphenidate³, a drug used in the treatment of ADHD, is the most consumed stimulant in Brazil as well as in the rest of the world. Although in the 1950s (when the

² In the Top 10 list of emerging technologies for 2020 published by Scientific American Brasil (Sciam), digital medicine comes in fifth place: applications in use or under development capable of autonomously monitoring mental and physical disorders. The article highlights that these detection capabilities or 'digital phenotyping' will not replace doctors anytime soon, but they can be useful to act on problems that need follow-up. The article highlights the Somryst app for insomnia and Endeavor RX: first therapy released as a video game for attention deficit hyperactivity disorder (ADHD). Both received FDA approval in 2020 (DORAISWAMY, 2021).

³ Methylphenidate is marketed under the trade names of Ritalina®, Concerta®.



psychopharmacological era was inaugurated (WHITAKER, 2017)) - this drug was used in cases of very agitated children and also as an antidepressant, from the 1990s onwards its therapeutic value includes ADHD (ITABORAY; ORTEGA, 2016). The increase in the prescription of methylphenitate for people with ADHD is considered emblematic of the limits of the rational use of medicines (PANDE; AMARANE; BAPTISTA, 2020).

Different authors and authors dedicated to the sociology of diagnoses point out the relationship between the nosological expansions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) in its different versions with the increase in the diagnosis of ADHD; process that contributes to the increase in Methylphenidate consumption (CAPONI, 2014; ORTEGA; GONÇALVES; ZORZANELLI, 2018; BIANCHI, 2016; BIANCHI; FARAONE, 2015). All these readings draw attention to the phenomenon of medicalization⁴: the transformation of previously non-medical problems into medical problems, usually as an illness or disorder (CONRAD, 2013; BIANCHI, 2019). Medicalization seems to expand, giving an unprecedented role to the pharmaceutical industry⁵ in the era of biomedicalization⁶ (BIANCHI; FARAONE, 2018; CONRAD; BERGEY, 2014). Some authors point out how the diagnosis of ADHD now reaches people in adulthood (CONRAD; BERGEY, 2014). Other studies point to the use of methylphenidate in children under six years of age from a predominantly off-label character for this age group (PANDE; AMARANTE; BAPTISTA, 2020). Other authors also denounce the close relationship between the pharmaceutical industry and support groups and research on ADHD (ITABORAY; ORTEGA, 2016; CONRAD; LEITER, 2004; BIANCHI; FARAONE, 2018). Other studies point out singularities in the performance of the pharmaceutical industry in the comparison between Brazil and Argentina: in the first, the performance of the pharmaceutical industry stands out for its action in support groups, and in the second, a pharmaceutical marketing operation aimed at physicians (BIANCHI *et al.*, 2016).

⁴ According to Conrad (2013) medicalization should not be understood as an adjective, but as a historical process, matrix of intelligibility, spaces of properties in which gradation is fundamental and not binary distinction yes, no (BIANCHI, 2019).

⁵ The advertising mechanisms through which laboratories advertise their products are often confused with the dissemination of the diseases themselves, in disease awareness information campaigns, sometimes advertised under the label “advertising information”, a term that stands on the border between a piece advertising and another that disseminates information of public utility (AZIZE, 2018, BIANCHI, 2018).

⁶ Biomedicalization is about a broader technoscientific transformation taking place in the 21st century. It concerns the growth of complex, multi-situated processes of medicalization that extend/reconstitute through emerging social forms and practices of a highly technoscientific biomedicine (HEALLY, 2002) and that also deepens the process of privatization of research in the area; with emphasis on the pharmaceutical industry, genetization, health care, among others (CLARKE *et al.*, 2003, 2010).



Psychotropics, markets and shared beliefs

Weber's classic work *The Protestant Ethic and the Spirit of Capitalism* reminds us that where economic action flourished, in a country in full economic development like the United States at the beginning of the 20th century, it was not pure rationality for purposes, rather, it was the arational (religious) elements that informed economic decisions. Bourdieu (2005; 2006) extends this reasoning by demonstrating, from the home market in France, that a market good that few actors thought of buying, becomes – like any other cultural arbitrary – into a market item through of State action in the construction of both supply and demand.

When we approach the mental health sector, as already pointed out by several authors, starting with Foucault, there is an expansion of the concept of mental health from the Psychiatric Reform movements (CORBANEZI, 2021). Likewise, we argue here, a new market arises along with it. Patients previously treated in closed institutions will be seen from then on in medical offices and access to medicines necessary for the treatment will be mainly mediated by markets (direct and indirect⁷) and these patients become consumers (MAZON, 2019; CONRAD; LEITER, 2004).

To approach the rational use of medicines, we argue in this article, it is essential to situate the moment of the consumer patient, where the medicine market appears mobilized in the logic of the citizen's right, as we will see below. It is also important to remember the 1990s and the context of liberalizing reforms as a moment of impetus for the pharmaceutical industry (MAZON, 2019; 2020; 2021). According to Iriart (2008), the 1990s are the moment when financial capitalism takes hold, among others, in the health sector. At this moment, the medical-industrial complex repositions itself through direct advertising to the consumer, changing the definition of diseases and creating new nosological entities (IRIART, 2008). Likewise, the medical-industrial complex pressures regulatory agencies to approve new drugs. Iriart, Merhi and Waitztkin (2001) show how these health corporations assume administrative responsibilities in state institutions. At this point, the idea of state intervention will be replaced by the notion of efficiency and effectiveness in the public sector (MAZON, 2009).

In countries experiencing an inflationary crisis, as is the case of several Latin American countries including Brazil, there is a strong dependence on external financing; the proposed

⁷ It is important to consider that the Methylphenidate market in Brazil can go through the direct market and the indirect market, purchase intermediated by the State through RENAME - National List of Essential Medicines. The National Medicines Policy (PNM), established in 1998, reorients Pharmaceutical Assistance and the organization of access to medicines. This access must “guarantee drug presentations, in pharmaceutical forms and adequate dosages, considering their use by specific population groups, such as children and the elderly” (BRASIL, 2017).



reform will be modeled by multilateral agencies: World Bank, Inter-American Development Bank (IDB), International Monetary Fund (IMF), among others (ALMEIDA, 1999). State reform is advocated by reducing government influence in the market and increasing bureaucratic efficiency, the idea of a “minimal state”. The policies elaborated in the Washington Consensus will later be applied within the scope of the World Trade Organization (WTO): restrictive macroeconomic policies, liberalization of international trade and investments, privatization and deregulation, defense of improved service delivery through outsourcing, among others (PEREIRA, 1997).

Liberalizing health reforms are accompanied by the creation of Manage Care Organizations (MCO); private companies that are subsidiaries of insurance companies, mutual fund management companies or pension funds. These entities arise to operate public and private health funds. Its performance begins in the USA and then spreads (IRIART; MERHI; WAITZTKIN, 2001). According to Iriart (2008) this is a process of radicalization of medicalization. Yet different authors call attention to the diffusion and generalization of clinical protocols (IRIART; 2008; PETRYNA; KLEINMAN, 2006). This privatization of the health sector reaches a new level between 2001 and 2015, when there is an expansion of domestic consumption supported by the increase in the supply of credit⁸ (LAVINAS; GENTIL, 2018). According to Lavinias and Gentil (2018) the financial system found a niche for expansion in services traditionally provided by the State such as health, education and pensions; this process is carried out with the contribution of the State, which reduces or deteriorates its public offer in a way that discourages society's demand⁹.

In summary, different studies focus on the way pharmaceutical companies and other entities in the sector interact with individuals and their bodies in bringing new products to the market. The subject takes on stronger tones when the object is childhood mental disorders or the attention deficit hyperactivity disorder (ADHD) epidemic led by the promotion, demand and abuse of Ritalin and Adderal in American high schools that have expanded in recent decades (LAKOFF, 2006; CONRAD; BERGEY, 2014). The situation is not very different in

⁸ The supply of credit rises from 22% of GDP in 2001 to 53% in 2015, according to data from Banco do Brasil cited by Lavinias and Gentil (2018). According to WHO data, per capita spending on health in Brazil grew from US\$201 in 2002 to US\$947 in 2014, mostly private. (LAVINAS; GENTIL, 2018).

⁹ Lavinias and Gentil (2018) argue that the period 2003-2016 concealed the deepening of the process of delegation to the financial sector of services traditionally provided by the State in the field of social protection; financialization gains scale by reaching the sphere of social reproduction (health, education, welfare). In the supplementary health sector, there were measures to encourage private medicine, both private companies in the field of medical and hospital care and a network of laboratories capitalized in the second half of the 2000s through the opening of capital on the stock exchange with the endorsement of the Agency National Health (ANS) (LAVINAS; GENTIL, 2018).



Brazil, the second largest consumer of Ritalin in the world (CAPONI, 2019). According to Rose (1996; 2013) diagnoses act on different planes, with different functions and effects.

In the criticism of the excessive use of Ritalin, there is a complaint focused on the medical discourse and on the action of the pharmaceutical industry to make these products acceptable. Medicalization appears here as an intentional strategy, either of the pharmaceutical industry or of the collusion between the pharmaceutical industry and the psychiatric medical class. These processes are considered to be automatic. It is enough for the pharmaceutical industry to articulate itself or for the pharmaceutical industry-medical class to articulate itself and the phenomenon of medicalization takes off; users or the wider society appears only as an epiphenomenon. According to Bianchi (2019) and Conrad (2013), medicalization often appears as a multipurpose category to explain everything that seems harmful; It is necessary to be careful with the pitfalls: to take this phenomenon as something individual, which concerns exclusively the medical category and which considers consumers/patients as liabilities. The objective of the article is to add to these reflections by adding the element of the social construction of markets as a central element of the phenomenon. We are interested in observing recent changes in society that reinforce and are reinforced by the consumption of psychotropic drugs.

Although Collier and Iheanacho (2002) indicate that the pharmaceutical industry invests more time and resources in the generation, collection, and dissemination of medical information than in the production of medicines and that this information is an essential resource both for the development of medicines and to meet the needs of licensing requirements (protect patents and promote sales; clarify patients, prescribers and dispensers of medicines) it is important to understand in what context the pharmaceutical industry gained this breath as a privileged market actor¹⁰. More than asserting the market power of certain actors, understanding the context in which such actors gain strength. We therefore propose to understand aspects of the sociogenesis of the pharmaceutical industry, in particular psychotropics. In this sense, we are interested in exploring what Eva Illouz (2019) names as the era of affective capitalism and the beliefs associated with this era. This author argues that the creation of capitalism went hand in hand with the constitution of a specialized affective culture¹¹. According to Illouz (2019) we

¹⁰ Information, then, has great commercial value; most of them are confidential, protected by regulations on intellectual property rights. Through the generation and dissemination of information, transnational companies influence clinical practice (COLLIER; IHEANACHO, 2002).

¹¹ Illouz considers the year 1909 as a milestone, when Freud delivered Clark's Lectures, exposing the main ideas of psychoanalysis; ideas that find resonance in American popular culture. Among the main ideas: lapses in language, role of the unconscious in people's lives, centrality of dreams in psychic life, the sexual character of most of our desires, the family as the origin of the psyche and cause of pathologies (ILLOUZ, 2011).



live in the era of the therapeutic style: transformations of contemporary culture and customs that have entered into a reinforcing relationship with therapeutic theories. These therapeutic theories are less an explanation of who we are and more ways to convince us that we are; they exert an important theory effect (ILLOUZ, 2011; 2019; CABAÑAS; ILLOUZ, 2019). Thinking about societies in terms of the self – a consequence of this affective capitalism – leads to a particular change with regard to the way we manage our emotions and behaviors (CABAÑAS; ILLOUZ, 2019). This phenomenon also touches on the question of how medications are legitimized as an alternative to change, maintain, improve expected behaviors and emotions (LAKOFF, 2006; ROSE, 2013; ILLOUZ, 2011).

In this article, we mobilize the debate on psychotropics seen from the increasing use of Methylphenidate in Brazil.

The article is divided into two sections. In the first one, we approach aspects of the therapeutic style era, according to Eva Illouz, when human beings think about their relationships from the idea of managing emotional skills; This phenomenon gives particular importance to the consumption of psychotropic drugs. In the second section, we approach the context of growth of methylphenidate consumption in Brazil as well as controversies and discursive strategies by both the pharmaceutical industry and the medical category, alternating appeals either to health, or to freedom of choice on the part of the consumer as an issue market. We analyzed the document of the National Commission for the Incorporation of Technologies in the Unified Health System (CONITEC) on the evaluation of the incorporation of methylphenidate and lisdexamfetamine for the treatment of ADHD by the Unified Health System (SUS) and the respective public consultation as well as the reactions of the medical class to the control coordinated by the National Health Surveillance Agency (ANVISA) of the checkbook for methylphenidate.

Therapeutic style and psychotropic drugs: a perfect match?

Medicines are substances capable of transforming the condition of an organism for the better, in the case of curative medicines. They alleviate the suffering associated with an illness, and the significance of a drug for most people rests on its effectiveness. What made drugs so popular as a solution to times of stress? According to (WHITE; GEEST; HARDON, 2002), they have concreteness, tangibility: they are swallowed, injected, spread on the skin. Procedures that carry with them the promise of physical effect; logically conform to biomedical traditions:



medicine is the art of curing disease. Such tangibility provides patients and their caregivers with meaning for dealing with the disease.

However, this relationship gained new dynamics from the emergence of the modern era: the era of specialization and synthetic drugs manufactured and mass produced by the pharmaceutical industry. They are commodities and their worldwide spread has profound implications for national medical systems (WHYTE; GEEST; HARDON, 2002). As already mentioned, at the beginning of the 21st century a new impulse of medicalization makes drugs, in particular psychotropics, frequent items of everyday life.

According to Bianchi (2018), one of the challenges is to denaturalize, to desubstantiate psychotropic drugs; before thinking of them as a neutral fact, approach them as a complex cultural process; to go beyond the material contours that associate psychotropic drugs to a capsule, in a relational approach and reinscribing them in social processes, integrating them into the phenomenal plexus where the therapies that mobilize it are part of a broader context, as part of a knowledge-power (FOUCAULT, 2005) are capable of configuring subjectivities.

To elucidate this phenomenon, Eva Illouz invites us to think about the emergence of affective capitalism. The change, regulation and expression of emotions have always been a crucial element of ethical games, collective rituals, religious practices and moral treaties. Modern psychology, however, has radically transformed the understanding of emotions (ILLOUZ, 2011). The role assigned to it in the construction of modern identity and sociability broadened the moral horizon of psi knowledge: it concerns both mental health and personal well-being.

For Eva Illouz (2011) psychoanalysis has reconfigured psychic life, or rather, the way people see their psychic life: these theories formulate a new affective style, the affective style that she names as therapeutic. This style dominated the North American cultural scene and later spread around the world. The modern affective style was shaped mainly (but not only) by the language of therapy that emerged between the First and Second World Wars. According to the author, this fact has generated markets that did not exist before, or at least not with the strength they have today. The individual's psychological model offers new secular and loving frameworks, whether in terms of knowledge or self-improvement, in which reflection on emotions and their management plays a fundamental role. "This model invites a reconsideration of the way in which individuals give meaning and value to their social relationships, to their commitments, life behaviors, duties, pleasures, as well as the way to orient themselves on the moral plane" (SCHACHAK, 2019, p. 195, our translation).



Psi knowledge is based on a scientific discourse justified by methods of objectification, classification, observation and empirical measurement; allows the elaboration of individualized practices of reflexivity aimed at identifying, monitoring, transforming and regulating emotions (SCHACHAK, 2019). In this sense, “regulating emotions” comes to be read in public debate as a consumer/patient right.

This discourse offers a generic and, therefore, customizable recipe that gives meaning to the relationships between experienced emotions and experienced events. All these transformations are linked to another characteristic: “people and their emotions have become the target of an industry in which products are named as mental health, personal development, emotional well-being” (SCHACHAK, 2019, p. 196, our translation).

According to Illouz (2011), a second fundamental element is the reinforcing relationship between the assumptions of psychoanalysis and the ideas of self-help inaugurated by *Smiles*. Although opposites - *Smiles* affirms that success depends on the virtue of each one and on the other hand Freud affirms that we are condemned by social class and there is nothing to be done about it - these two currents of thought come together and bring psychic suffering closer (neglected childhood, low self-esteem, compulsion to work or sex) as democratic evils; concerns all social classes making it a profitable business (ILLOUZ, 2011). Political ideologies languished in favor of individualist conceptions (ILLOUZ, 2011).

This therapeutic creed went further by framing the question of well-being in medical terms and pathologizing ordinary life. When there is an undefined and constantly expanding mental health ideal, any and all behavior can be inversely labeled as pathological, unhealthy, neurotic (ILLOUZ, 2011; CABAÑAS; ILLOUZ, 2019). The subject participates in the public sphere through the interpretation and exposure of private feelings (ILLOUZ, 2011). This therapeutic narrative, according to Illouz (2011), understands life as an expression of suffering and makes the individual responsible for their suffering, eliminating the context in which it was generated.

Illouz (2011) observes that the first and perhaps the most important institutional locus responsible for the consolidation of therapy in North American culture was the State: in the midst of the post-war climate, there was a concern with adaptation and social well-being. This became palpable with the creation of the National Institute of Mental Health in 1946. Once the Institute was created, its budget never stopped growing (WHITAKER, 2017). The State used therapy in many services it offered: social assistance, prison rehabilitation programs, education, courts (ILLOUZ, 2011). Illouz (2011) agrees with Foucault that the modern state was organized around moral conceptions of the individual. The last actor to enter the field of mental suffering



and perhaps the most significant highlighted by Illouz (2011) is the pharmaceutical industry, which together with the DSM gave impetus to the market in the field of mental health.

According to Illouz (2011), the DSM, created in 1954, is a diagnostic manual that was born from the need to strengthen the relationship between diagnosis and treatment, so that insurance companies and other payers could process claims more efficiently (ILLOUZ, 2011). According to Illouz (2011) and Cooper (2014), the DSM is currently used not only by physicians, but by the state executive power, regulatory bodies, courts, insurance companies, child welfare authorities, etc. Illouz (2011) agrees with other authors who claim that from the DSM III onwards, the range of disorders is expanded; phenomenon that points to a conjunction of interests of mental health professionals, insurance companies and the pharmaceutical industry eager to explore the market for affective and mental illnesses (ILLOUZ, 2011; WHITAKER, 2017; BIANCHI, 2016; CAPONI, 2014).

Medication consumption and discursive strategies: health justifications, market justifications

The diagnosis of ADHD is a health condition that sparks controversy since it was named in the DSM III version (LAKOFF, 2000; CONRAD; BERGEY, 2014; CAPONI, 2014; BIANCHI, 2016; MARTINHAGO *et al.*, 2019). The coding of ADHD by the American Psychiatric Association (APA) raised doubts in the academic environment about whether the disorder is a real disease or the result of the construction of diagnoses that emerged from a supposed demand for the medicalization of childhood and adolescence behaviors (ORTEGA; GONÇALVES; ZORZANELLI, 2018). In Brazil, the debate is polarized between those who reject the legitimacy of investigations on the diagnosis and its psychopharmacological treatment (MARTINHAGO *et al.*, 2019; CAPONI, 2014) and on the other hand, there are those who support the description and reasoning of ADHD from scientific studies (ROHDE *et al.*, 1999; POLANCZYK *et al.*, 2007).

According to Singh *et al.* (2013) the view of ADHD as a product of medicalization can create a conceptual trap: since all disorders are constructed, none could be seen as real. According to Ortega, Gonçalves and Zorzanelli (2018), as a consequence of this opposition, a dichotomous formulation of the etiology of ADHD is established in which social and environmental causes rival biological causes, which leads to an etiological dispute - and we argue here, a dispute of discourses – between the social model and the medical model



(ORTEGA; GONÇALVES; ZORZANELLI, 2018); these disputes express struggles for the classification criteria of reality.

In order to analyze the discursive strategies in defense of the prescription of methylphenidate, we present in this section the alternation of justifications which think of psychotropic drugs either as market items available to consumers or as a health issue.

The first analysis concerns a document published by the National Commission for the Incorporation of Technologies in the Unified Health System (CONITEC)¹² in 2021 that addresses the methylphenidate and lisdexamfetamine market. The 601 report refers to the evaluation of the incorporation of methylphenidate and lisdexamfetamine for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) by the Unified Health System (SUS). CONITEC, in an ordinary meeting on 9 December 2020, decided that the matter should be made available in a Public Consultation with a preliminary recommendation unfavorable to the incorporation of lisdexamfetamine and methylphenidate into the SUS for the treatment of ADHD in children and adolescents between 6-17 years. Among other factors, it was considered that the evidence supporting the effectiveness and safety for ADHD “is fragile given its low/very low quality, as well as the high contribution of financial resources” (CONITEC, 2021, p. 10). The matter was made available in a Public Consultation held between 5 and 25 of January 2021.

In March 2021, CONITEC members unanimously decided to recommend the non-incorporation of methylphenidate and lisdexamfetamine for the treatment of ADHD by the SUS, according to Ordinance No. 09, published in the Diário Oficial da União No. 53, section 1, page 84, on 19 March 2021. The understanding is that there was not enough reasoning to change the initial recommendation. However, what stands out in this report are the justifications of the pharmaceutical industry and medical professionals, who contributed with suggestions in the public consultation. It is possible to observe this alternation of justifications, either economic, or health. Regarding health professionals, 52 contributions were made to the public consultation, 44 were unfavorable to the CONITEC recommendation of not incorporating methylphenidate and lisdexamfetamine for the treatment of ADHD in the SUS. Below we mention a few:

¹² Law No. 8.080/1990, in its art. 19-Q, establishes that the incorporation, exclusion or alteration of new drugs, products and procedures, as well as the constitution or alteration of clinical protocol or therapeutic guidelines are attributions of the Ministry of Health (MH). To fulfill these attributions, the MH is advised by the National Commission for the Incorporation of Technologies in the Unified Health System (CONITEC). The Commission's analysis must be based on scientific evidence, published in the literature, on the efficacy, accuracy, effectiveness and safety of the technology, as well as the comparative economic assessment of the benefits and costs in relation to technologies already incorporated (CONITEC, 2021).



Medication helps children, adolescents and adults in the treatment of attention deficit, as therapy alone is not effective, since the difficulties faced by people with disorders are much greater socially and emotionally [...] studies demonstrate the effectiveness and safety of treatment with these medications (CONITEC, 2021, p. 96, our translation).

There are two contributions that appeal to health issues. Below, we observe two other contributions that now appeal to the market issue, or the damages and possible threats of the absence of the drug in the SUS:

Untreated ADHD increases the chance of developing anxiety and depression in the future. In addition, it leads to higher school dropouts, fewer years of study, greater difficulties in the job market and lower wages [...] The costs of untreated ADHD for people and society are very high (CONITEC, 2021, p. 97, our translation).

This same contribution, further down, associates the availability of medication with social justice, referring to consumer rights: “These are expensive medications and many do not have the resources to pay. ADHD does not choose social class, but in Brazil your difficulty in paying and accessing treatment can determine whether you will improve or not. This is socially unfair” (CONITEC, 2021, p. 97, our translation).

Here we see the phenomenon described by Eva Illouz (2011) mobilized: psychic suffering as a democratic evil, which concerns all social classes.

It is interesting to observe how this discourse of medical professionals mobilizing consumer rights appears reflected in the discourse of patients who contributed to the public consultation, as in the following excerpt: “Our Constitution, in its article 5, guarantees us access to health and this access must be in a way that privileges all Brazilian citizens! I am ADHD [...], citizen, contributor to this nation and aware that everyone needs to have access to what is rightfully theirs!” (CONITEC, 2021, p. 100, our translation).

Regarding the contributions of the pharmaceutical industry to the CONITEC public consultation, it is interesting to note that Novartis, in view of the recommendation not to purchase the drug manufactured by it, sent a proposal providing a discount on the price of the drug (CONITEC, 2021). Faced with controversies about the effectiveness or not of the psychotropic drug, she opts for a market justification: to alleviate the investment made by the State in the acquisition of the drug.

It is important to highlight that CONITEC, after public consultation, maintained the recommendation since the “studies considered in the report presented important methodological limitations, which resulted in low confidence in the evidence. In the public consultation, no



other references were suggested that could reduce uncertainties.” (CONITEC, 2021, p.103, our translation).

Still other forms of regulation by the public power are expressed in the work of the National Health Surveillance Agency (ANVISA). Since the 2000s, the rational use of methylphenidate has been highlighted as an object of concern by ANVISA, through reports produced on the pharmacoepidemiological distribution of controlled substances in Brazil, such as amphetamines and other appetite suppressants and methylphenidate hydrochloride (ORTERGA; GONÇAVES; ZORZANELLI, 2018).

From an analysis of data available by ANVISA control, through the National System for the Management of Controlled Products (SNGPC), the finding was an increase in sales of methylphenidate (ORTERGA; GONÇAVES; ZORZANELLI, 2018). Since 1998, the Ministry of Health (MH) has determined that the notification of methylphenidate is the same as that of opiates. To acquire the first checkbook, it is required that the professional make a request through a registration form with a notarized signature. Subsequent checkbooks will be released in the presence of a health authority which proves the placement of the professional's seal on all the checkbook sheets. The investigation by Ortega, Gonçalves and Zorzaneli (2018) presents criticisms of the control of methylphenidate by the medical profession. Here, too, it is possible to see the alternation of justifications, sometimes of the market – engaging patients as consumers with rights – and sometimes of health.

Carlini *et al.* (2003) cited by Ortega, Gonçalves and Zorzaneli (2018, p.316), found in interviews with doctors prescribing methylphenidate that 72% expressed that the notification has an intimidating effect on the patient and family members; it would be possible that they considered the illness more serious than they initially thought. Here we see a justification of health, to judge illness in another way.

Yet the same survey shows that 86% consider that the bureaucratic requirement would lead to a lack of interest on the part of pharmacies in keeping the product in stock. Here's a market justification. Another 70% stated that the notification would embarrass the buyer (ORTEGA; GONÇALVES; ZORZANELLI, 2018). Here a market justification and mobilizing the idea of injury to a consumer right.

Final considerations

This article explored the limits of rational drug use by analyzing the specific case of methylphenidate. We defend approaching the theme from the perspective of markets,



mobilizing Eva Illouz's concept of therapeutic style. According to this author, we live in the era of affective capitalism in a context in which public space is thought of in terms of the self and where psychotropic drugs occupy a particular place to reinforce this discourse of self-improvement.

In the era of the therapeutic style, psi knowledge is based on a scientific discourse justified by methods of objectification, classification, observation and empirical measurement, which allows the development of individualized practices of reflexivity aimed at identifying, monitoring, transforming and regulating emotions. In this sense, regulating emotions starts to be read in the public debate as a consumer/patient right. All these transformations are linked to the spreading of psychotropic drugs as one of the techniques for improving the self. In this sense, any discourse that questions the use of methylphenidate can be considered as a form of damage to a right.

Considerations on the rational use of medicines are based on the premise that more information is enough for actors (considered to be rational in order and with given preferences) to make the rational use of medicines. Thinking about societies in the era of therapeutic style allows illuminating the power relations which impose objects and discourses - as criteria for classifying reality - building the idea of what is reasonable in a given context. The pharmaceutical industry and the medical profession sometimes operate health justifications, sometimes market justifications, mobilizing consumers as market actors and free to make their decisions about the purchase of psychotropic drugs. The questioning of the consumption of psychotropic drugs, which may sound like a damage to rights, is a topic that demands further investigation.

As Illouz (2011) ponders, problems of the private world fill the public space; in this environment, the mobilization of citizens asking about medication with methylphenidate can sound like a constraint on consumer rights. As much as the economic power of the medical-pharmaceutical complex, this article sought to show how the symbolic field, populated by speeches by powerful actors, urges further research.

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