

# Damage reduction and policies on drugs in Brazil: backwards and advances

Redução de danos e políticas sobre drogas no Brasil: retrocessos e avanços

Reducción de daños y políticas sobre drogas en Brasil: atrás y avances

## RESUMO

**OBJETIVO:** o presente artigo traz reflexões a respeito das políticas sobre drogas no Brasil e suas relações contraditórias no que tange à estratégia de redução de danos, especificamente na área da saúde mental, álcool e outras drogas. **MÉTODO:** Os métodos utilizados foram pesquisa bibliográfica e documental, privilegiando publicações de 1990 a 2021. O período da coleta de dados se deu nos anos de 2019, 2020 e 2021, onde aconteceram as principais alterações nas leis. **RESULTADO:** O debate se dá em torno de como o viés proibicionista habitou a mesma política durante todo o tempo em que a redução de danos foi considerada uma estratégia de cuidado às pessoas que usam drogas. Entretanto, a política de drogas brasileira, ganhou novos contornos a partir do ano de 2017. **CONCLUSÃO:** Concluiu-se que o predomínio do proibicionismo e seu retorno à legislação dos últimos anos, legitimou oficialmente a criminalização do uso de substâncias psicoativas e consequentes retrocessos em relação ao cuidado das pessoas que usam drogas.

**DESCRIPTORIOS:** Políticas de Saúde; Usuários de Drogas; Redução de Danos; Assistência em Saúde Mental.

## ABSTRACT

**OBJECTIVE:** this article brings reflections on drug policy in Brazil and their contradictory relationships regarding the harm reduction strategy, specifically in the area of mental health, alcohol and other drugs. **METHOD:** the methods used were bibliographic and documentary research, favoring publications from 1990 to 2021. The period of data collection took place in the years 2019, 2020 and 2021, where the main changes in laws took place. **RESULT:** the debate revolves around how the prohibitionist bias inhabited the same policy throughout the time that harm reduction was considered a care strategy for people who use drugs. However, the Brazilian drug policy gained new contours as of 2017. **CONCLUSION:** it was concluded that the predominance of prohibitionism and its return to the legislation of recent years, officially legitimized the criminalization of the use of psychoactive substances and consequent setbacks in relation to the care of people who use drugs.

**DESCRIPTORS:** Health Policy; Drug Users; Harm Reduction; Mental Health Assistance.

## RESUMEN

**OBJETIVO:** Este artículo trae reflexiones a respecto de políticas sobre el uso de drogas en Brasil y sus relaciones contradictorias en lo que atañe a la estrategia de reducción de daños, específicamente en el área de salud mental, alcohol y otras drogas. **MÉTODO:** los métodos utilizados fueron la investigación bibliográfica y documental, favoreciendo las publicaciones desde 1990 hasta 2021. El período de recolección de datos tuvo lugar en los años 2019, 2020 y 2021, donde se produjeron los principales cambios en las leyes. **RESULTADO:** el debate radica en como el sesgo prohibicionista habitó la misma política durante todo el tiempo en que la reducción de daños fue considerada la principal estrategia de cuidado a las personas usuarias de drogas. Sin embargo, la política de drogas brasileña ha ganado nuevos contornos desde 2017. **CONCLUSIÓN:** se concluyó que el predominio del prohibicionismo y su retorno a la legislación en los últimos años legitimaron oficialmente la criminalización del uso de sustancias psicoactivas y los consiguientes retrocesos en relación con el cuidado de las personas que consumen drogas.

**DESCRIPTORIOS:** Política de Salud; Consumidores de Drogas; Reducción de Daños, Centros Comunitarios de Salud Mental

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## artigo

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Damage reduction: the role of the crack user family

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## INTRODUCTION

The present article talks about the Brazilian drugs politics and brings to light the damage reduction strategy, that was introduced and actually pulled out as a possibility of care and attention, pointing to the prohibitionist vision continuity, provided by the National Politics on Drugs 1 As an intervention way, side by side at damage reduction, till the withdrawal at this actual legislation 2.

Those drugs politics changings create important impacts at the diverser politics who product life. At the specific case of mental health, when related to the drug-users person, for instance, the new drug legislation contactates the Law nº 10.2163, which continues effective, and recognizes the implementation of substitutives services to the psychiatric hospital.

The article aims, yet, elucidating the damage reduction strategy as an amplification to care and bound with different profile, contexts and behaviors user's access. Namely, the damage reduction as support, listening and live possibilities, being inside or out of the government politics, while a permanent paradigm of care to people who use psychoactive substances.

The Health Ministry has published the Lobby nº 3.5884 and the Technical Note nº112, which at the practice formally authorize the return of psychiatric hospitals and the medium and long time hospitalization as a focus of the psychiatric treatment in mental health, what allows financing

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electroconvulsive therapy devices and the gathering with therapeutic communities, pointing to the return of the sheltered housing practices and of segregation in mental health and in cases of alcohol and other drugs abuse.

Thus, the drug policies building in Brazil has presented in the last decades opposite and contradictory speeches. At the present moment, the options are for the called actions of combat against drugs, based at criminalization of the persons who make use of psychoactive substances, at re-prehension at drug traffic, at incarcerating, at abstinence as major exigence for health care, at medicalization and involuntary/compulsory hospitalization as bases of the called treatment of chemistry dependence, term frequently used for characterizing drug users persons, as a consequent return of social stigma to drug policies and mental health<sup>2</sup>.

It is common identifying moral and authoritarian conducts, dressed as humanitarian actions, full of scientific "truths" and "carriers" for the well-being and for health of peoples who they say that they're rescuing and helping. Those positions and speeches based in behaviors assumed as "corrects" of persons that "do not do drugs" are contradictoires concerning the tolerance to medicamental consumption and from their own licit drugs, which the disseminated actual culture are not questioned by part of the prohibitionist strand<sup>5</sup>.

The article contextualizes the recent moment, which triggered these partial and

contradictory lining between damage reducing and the Drugs National Policies, and points out how that experience was marked by the tensioning between the progressivist and prohibitionist point of view, mediate by hybrids government actions, which tries to pacify, with no success, two field in clear opposition, generating ambiguities and conflicts at social and moral practices, policies sphere related to the use of substances.

The main objective is, then, to demonstrate to the reader that, of what they seem, the questions related to life care and guaranteed fundamental rights preservation are not priorities. That fact justifies itself in the moment that they are lost in number and monetary characterizations<sup>2</sup>, and still in ideological marks, that do not attend to the urges of those who claim for their humanitarian needs attendance<sup>5</sup>.

## METHOD

The theoretical reflection concerned was organized and systematized through documental and bibliographic research, by the analysis of the following documents: Alcohol and other Drugs Users Integral Care Policy 6, Drugs National Policy 1, Law nº 11.3437, Alcohol and Other Drugs Guideline 8, Federal Laws and pertinent Loobys of the Health Ministry, Decree nº 9.7619, and the Law nº 13.84010, which modified lots of articles of the Law nº 11.3437. The bibliographic research has privilege the consulting to books, articles, dissertations, theses and theme-related published book 's chapitres. It was established as time marking the publishings between the years of 1990 and 2021. The data collection period has happened at the years of 2019, 2020 and 2021, where were made the most part of the changes and alterations at law and that deserve discussion and new notes.

The Alcohol and Other Drugs Users Integral Action Policy (2003) will also be mentioned as policy of drugs or policy about drugs. The law nº 13.343 (2006) will be commonly pointed by Drugs Law. The person who make use of psychoactive substances will be called persons who use drugs.

## RESULTS AND DISCUSSIONS

Politics about Drugs and the Psychosocial Care System

According to Alves<sup>11</sup>, The psychoactive substances consumption, since the antique civilization, have been under social regulation. Originally, they were submitted to norms and conventions socially shared. Since the moment when there was an extrapolation of the context of use, it was made necessary a State 's regulatory intervention. This intervention has been achieved through formulation and implementation of public politics. The use expansion brought an increasing popularity of the substances, gathered by the weak socio-cultural strategies of consuming regulation, emerging, with that, a gathering of social and health problems.

According to Castro<sup>12</sup>, the health model adopted at the last centuries, and brought till the actual times, attach the drug use to chemical dependency as a result effect,

the same way with the idea of evolution of the individual use of soft drugs decourring to a use of the heavy ones. These people are put as members of a culture and a reality non-befitting with the "normality", supposing that drugs generate those anti-social behaviours, which do not combine with the productive life and lead to criminal conduct.

Therefore, the moral and impositive models adopted may contribute for an amplification of the social excluding processes of the drug users person, especially those considered illicit, what back-them-up from assistential services, or dificulting answer building of the public policy<sup>12</sup>.

In what concerns the negative consequences provoked by the prohibitionist imposition it might be mentioned the relation of massive-incarceration and the penalty type for drug traffic. The National Penitentiary's Information Survey, at the period of july to december 2019, informs that at the total where 989.263 incidences, since from this total, 200.853 incidences are related to

Tabela 1. Indicadores do Programa de Braços Abertos - DBA

INDICADORES	Número de Respondentes	%
Reduziram o uso de crack 314 87,90%	314	87,9%
60 a 80 pedras por semana 314 12% antes do DBA e 1% depois do DBA	314	12% antes do DBA e 1% depois do DBA
Beneficiário por tempo de efeito da droga	361	64% "fumavam o dia todo" antes do DBA e 4% depois do DBA 32% "metade do dia" antes do DBA e 42% depois do DBA 4% "por pouco tempo" antes do DBA e 34% depois do DBA
Reduziram o uso de outras drogas	365	84,38%
Consumo per capita de pedras de crack	314	41 pedras antes do DBA e 17 pedras depois do DBA
Estão em tratamento de saúde	381	83,3%

Fonte: Sistema de informação da Adesaf/Programa DBA. Dados fornecidos no trabalho de campo em maio de 2016.

drug crimes (20,28%). At those incidences in drug penalty types, men represented 183.077 cases and women 17.506 of the cases. The informations about the prison population, by age group, demonstrates that youngsters from 18 to 24 years are 23,29% of all that population and, from 25 to 29, more 21,5%; and that the sum of those arrive to 44,44% of all the carcerarie population<sup>13</sup>.

On the other hand, with the positive results related to damage reducing intervention, the Opened Arms Program (Programa de Braços Abertos) must be mentioned. This program was an innovative Brazilian experience, whose aim was promoting psychosocial rehab of crack and other homeless drug users, immersed in a social vulnerability context, at the city of São Paulo. It was implemented in april 2014 as a response to users agglomerations at the drug use scenarios - named by "cracolândia" or "fluxo" - at Luz territory, at the center of the city. It has presented as guidelines: health care through risk and damage reducing policies, of preventing of drug use, treatment and social assistance, feeding offering, hosting and occupational and income activities access through work fronts and also professional qualifications. The following table present indices of the Program 14:

The year 2003 is considered a mark of a public health policy building in Brazil for persons who use drugs. The Health Ministry presents a care proposal, influenced by two big experiences: the Psychiatric Reform and the National Program for Sexual Infectious Diseases and Aids (DST/Aids), specifically through projects of damage reduction 15.

The Policy for Integral Care to Alcohol and other Drugs Users 5 recognizes the difference between user, dependent and drug dealer. Then, it occurs the expansion of the mental health system, obeying to the Psychiatric Reform principles, viewing substituting the hospital-centered model for specialized support systems composed by territory devices 11.

Although, concomitantly the repression and prohibition policies also act based at the same Politic, emphasizing here the al-

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ready supracited incongruence. Souza and Kantorski 16 say that with the preconception of different treatments, one that whether itself as a reductor of health damage and the other who present itself based in repressive approaches, there is no place for congruences.

For answering the needed change at the model proposed by the Psychiatric Reform, the mental health policy preview the building of a care system for alcohol and other drugs users with the implantation and/or implementation of Psychosocial Care Units for Alcohol and other Drugs, the CAPS AD, that present themselves strategic and the system's organization in its acting territory, offering a articulation with the most variable communitary, social and of health devices with the aim of integrated care and social inclusion of the users and their families 11. Santos and Oliveira<sup>17</sup> claim that the major function of the CAPS AD is promoting the services system articulation at actions in damage reduction, prevention, recovery, treatment/care and social reinsertion of the drug users.

At this sense, the Lobby nº 3.088 from 201118, that was changed by the Lobby nº 3.588 from 20174, institutes the Psychosocial Care System - known as RAPS - for people with mental disorders or suffering and with recourent drug use needs, at the ambit of Brazilian Public Health System - SUS.

The lobby that establishes the "new" Psychosocial Care System has drowned the new model of attention and includes the Psychiatrist Hospitals in the system, strengthening, as well, the health bonds with the therapeutic communities. Including the day-hospital in psychiatrist hospitals, although, prohibits the bed's ampliation, with the justificative of reaffirming the assistential model of communitary base.

But in a contradictory way, the psychiatric hospital's diary financing is readjusted. The "new system" keeps with allegations about the importance of deinstitutionalization, however, strengthens the institutions that hospitalize their users and keep them distant from social and community interaction for long periods.

Since 2020 life's marked by the CO-

VID-19 pandemic, and it is clear the relevance of approaching the State's public politics discontinuity question, as well as its influence at the population's daily routine, majorly the vulnerable ones, who are found in the streets, in drug use scenarios and incarcerated in its generic mean.

in what concerns the above mentioned persons, at 14 may 202, in a vertical way and without wide promotion, the Lobby nº 6919 was published, at Social National Assistant Secretary, from the Citizenship Ministry, approving "general recommendations for guaranteeing social protection to homeless population, including immigrants, at the Covid-19 pandemic context". The topic 3.1 brings the articulation with the therapeutic communities previewed at the National System of Public Policies over Drugs.

Rubens and Martins<sup>20</sup> describe that at 24 July 2020, the Official Diary of the Union publishes the Resolution nº 03 of 202021, of the National Counselling of Policies over Drugs - CONAD, agency gathered to the Justice and Public Safety Ministry. That resolution describes guidelines for teenagers hospitalization in suspected problematic drugs use, in therapeutic communities. One more decline, since that those presupposes the insulations and "nuthousing". It is worth of distinguishing yet, that a resolution needs maintain obedience to the law, respect the historical regulatory marks, conquered in spite of indescribable fights, as the Laws 8.08022, 8.06923, 10.2163, and the Lobby nº 308818.

## DAMAGE REDUCTION

It is historically found that damage reduction has its origins at 1920's decade, at Rolleston city, England. The doctors and nurses professional, which act in a health unit, at going to work used to pass obligatorily through a homeless persons group, alcohol and injecting heroin users. These professionals, then, with the aim of getting close to those persons, decided to distribute alcohol and heroin at the health unit. Arriving there, the group received a portion of the drug and, beyond that, the right of

showering and washing their clothes. If they wish, they talked with the health professionals. The primary objective was to attract these people with the aim of making the opportunity of care possible<sup>24</sup>. Yet at the same decade, worried with several health issues at Holland, injective drugs users

itself at syringes providing and exchange<sup>26</sup>. Those actions were interrupted with drug's use apology. Reinforcing, with that, the authoritarian view, that limitate the civic performing<sup>27</sup>.

In 1995 was created the first syringe exchanging program, in Salvador, Bahia, really effective in Brazil and Latin America, under pressure and burden, suffering yet many social sector resistance, which conceived the syringe exchange as ilegal and drugs use apology<sup>28</sup>.

Petuco<sup>29</sup> assinalates that the damage reduction practices provoke a profound amplification at actuation with drug users persons, at professional experiences and theoretical and conceptual plans, allowing accompanying in loco the risk and/or social vulnerability situations associated with drugs use.

Yet, the damage reduction is a perspective that propose reflection of how is the user relation with drugs and what place does it take in his life. The care supplying must be indeed an open door, offering services to all, including for those who do not want or are not capable of interrupting the drug's use. With that, it is possible to avoid exposure to risk situations and it increases an approximation with the institutions, allowing a posterior help demand, if it is the case<sup>25</sup>.

Therefore, the damage reduction nominates singular interventions which involves protected use, reduction of the use, the replacement for substances who causes less problems, and also drug abstinence that creates problems for the users. For that matter, its actions allow approximation with the users, at the place where they're at: streets, bars, seling and consome places, prostitution points and communities where they live. Offering a sheltered and different listening and yet physical and psychic health care, orientation, prevention insumes and responsible leadings for the formal and informal intersetorial system<sup>26</sup>.

It makes necessary the stims to strategy elaboration of health promotion to drug users persons, viewing to decrease care access barriers. Prohibitionist interventions of matter may, Indeed, silence people and with that, discourage them from searching

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demanded from the government to dispo-nibilize services viewing decrease contamination risks by Hepatite B and HIV. In this sense, damage reduction arises as a possible strategy<sup>25</sup>.

At Brazil, due to health issues that demanded new actions, the damage reduction begins at 1980's decade, starting with aids increase, with the worrying of contamination through injective drugs. With that, the first emblematic action at this aspect happened in Santos/SP, and has based

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for support<sup>30</sup>.

### CONCLUSION

The drugs policies at Brazil passed, at the latest years, for a intensification of the repressive practices, even with the damage reduction permanence at drug policies for more than a decade. The return of the prohibitionist point of view has provoked an impact at public policies reality at the

country and at daily experiences of the persons who use drugs.

It is possible to conclude that the predominate of the prohibitionism and its return to legislation at the latest years, has officially legitimated the criminalization of the psychoactive substances use and consequent regressions related to the care of persons who use drugs. The paradigm of drug combat started to be supported and adopted by a great part of the citizens, being the traffic

considered as the most severe and the drug use interpreted as a disease that needs treatment, wherever the use pattern is.

Despite the exposed above, there is yet building possibility over the drug policies at Brazil and at the understanding of the treatment in freedom, contrarie at the manicomial models presented as miracle outcomes, being, by the way, constituted of a great challenge.

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