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REFLECTIVE ANALYSIS ARTICLE

REFLECTIONS ON THE DRUG POLICIES: HISTORICAL AND CONTEXTUAL INTERFACE

REFLEXÕES ACERCA DAS POLÍTICAS SOBRE DROGAS: INTERFACE HISTÓRICA E CONTEXTUAL

REFLEXIONES SOBRE LAS POLÍTICAS DE DROGAS: INTERFAZ HISTÓRICA Y CONTEXTUAL

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ABSTRACT

Objective: to reflect on the historical evolution of public policies aimed at drug users, highlighting the advances made and their contextual reality. **Methodology:** descriptive study consisting in a reflective analysis. For its preparation, we chose to conduct a previous narrative literature review, which allowed a broader and contextualized reflexive approach. **Results:** we notice along this historic pathway the disruption of a major paradigm: no restriction of this problem to the legal and police dimension, but understanding the existence of an inevitable relation between drug use and changes involving health. **Conclusion:** despite all advances and achievements, what can be actually noticed in political speeches on the theme are guidelines that complement and converge to the deployment of increasingly effective measures to tackle this public health problem. **Descriptors:** Illicit Drugs; Public Policies; Nursing.

RESUMO

Objetivo: refletir sobre a evolução histórica das políticas públicas direcionadas aos usuários de drogas, destacando os avanços obtidos e sua realidade contextual. **Metodologia:** estudo descritivo do tipo análise reflexiva. Para sua elaboração, optou-se por uma revisão narrativa da literatura prévia, o que possibilitou uma abordagem reflexiva ampliada e contextualizada. **Resultados:** percebe-se ao longo desse percurso histórico o rompimento de um importante paradigma: a não restrição dessa problemática à dimensão jurídica e policial, mas a compreensão da existência de uma relação inevitável entre o consumo de drogas e as alterações envolvendo a saúde. **Conclusão:** apesar de todos os avanços e conquistas, o que de fato se percebe nos discursos políticos sobre o tema são diretrizes que se complementam e convergem para a implementação de medidas cada vez mais efetivas para enfrentar esse problema de saúde pública. **Descritores:** Drogas Ilícitas; Políticas Públicas; Enfermagem.

RESUMEN

Objetivo: reflexionar acerca de la evolución histórica de las políticas públicas dirigidas a los usuarios de drogas, destacando los avances logrados y su realidad contextual. **Metodología:** estudio descriptivo del tipo análisis reflexivo. Para su elaboración, se optó por realizar una revisión narrativa de literatura previa, lo que posibilitó un abordaje reflexivo amplio y contextualizado. **Resultados:** lo que se percibe a lo largo de esa ruta histórica es la ruptura de un paradigma importante: no hay restricción de ese problema a la dimensión jurídica y policial, pero la comprensión de la existencia de una relación inevitable entre el uso de drogas y los cambios relativos a la salud. **Conclusión:** a pesar de todos los avances y logros, lo que de hecho se percibe en los discursos políticos acerca del tema son directrices que se complementan y convergen para la implementación de medidas cada vez más eficaces para hacer frente a ese problema de salud pública. **Descriptores:** Drogas Ilícitas; Políticas Públicas; Enfermería.

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INTRODUCTION

Historically, mankind has sought refuge from its problems or experienced new sensations for playful, religious, and healing purposes by using psychoactive substances. Among them, cocaine and its derivatives stand out, whose consumption has been gradually expanded around the world.

The consumption of crack draws attention, a recent phenomenon, which emerged about 25 years ago in the United States and 20 years ago in Brazil. In some continental European countries, this problem became relevant just 5 years ago, since the expansion of this consumption gave notoriety to the consequences of this substance on user's life and the life of her/his community.^{1,2}

Statistical data has shown that, around the world, it is estimated that 14 million people make abusive use of crack. A survey shows that cocaine and crack are used by 0.3% of the world population. However, most users are concentrated in the Americas (70%) and, in the last decade, the number has been growing alarmingly.³

In the Brazilian reality, the National Survey on Alcohol and Drugs (LENAD), conducted in 2012, by the National Institute for Public Policies on Alcohol and Drugs (INPAD) showed that around 2 million Brazilians have already used smoked cocaine (crack/*merla*/óxi) at least once in their lives, representing about 1.4% of adults and 1% of young people. The study also estimates that 1 out of 100 adults used crack in the last year, representing 1 million people.⁴

In this contextual reality, although significant efforts have been invested to control drug use, with an emphasis on crack, the use of illicit psychoactive substances keeps increasing gradually, perhaps to the detriment of the historic delay in the deployment of public policies that could include the user into multidimensionality. Since long, the issue of drug use has been restricted to the political and legal aspects.

Scholars corroborate by stating that, within the modern States, the issue of psychoactive substance abuse was actually target of public policies, however, they initially construct their discourses on criminalization and medicalization devices, where the drug user constitutes a responsibility of the Judiciary or she/he is target of compulsory hospital admissions, by means of the psychiatrization of abuse.⁵

This way, there is a need for thinking through the process of historical construction of public policies, considering they are

relevant instruments through which the State operates on population demands. Thus, this study aims to reflect on the historical evolution of public policies aimed at drug users, highlighting the advances made and their contextual reality.

METHOD

This study consists of a reflective approach to the public policies to address the drug phenomenon. To carry out this study, we chose to conduct a previous narrative literature review, allowing the realization of a broader and contextualized reflexive approach.

The literature included articles, pieces of legislation, theses, dissertations, and books. The articles were surveyed on the databases Latin American and Caribbean Literature in Health Sciences (LILACS) and Scientific Electronic Library Online (SciELO) and in the database of theses/dissertations of the Coordination of Improvement of Higher Education Personnel (CAPES).

RESULTS

◆ Reflections on public policies and tackling the drug phenomenon: historical and contextual interface

History has shown that public policies involving drugs emerged in the United States, in the 19th century, from a prohibitionist, militarized, and repressive perspective tied to two explanatory models: the moral/criminal model and the disease model.⁶

In the moral/criminal model, the use of psychoactive substances is characterized as a moral problem, a criminal act whose coping consists in the incarceration of immoral/criminal individuals. In turn, the disease model conceives drug use and addiction as a biologically determined pathology and, as such, it must be approached by providing treatment and rehabilitation, however, often this practice also involved the isolation of users.⁶ Although such explanatory models diverge regarding their intervention proposals, both subliminally, they share the purpose of eliminating drug use by means of punitive measures, such as incarceration.

This process of political construction to face the drug phenomenon was supported by American popular and religious movements, such as the Prohibition Party (1869) and the Society for the Suppression of Vice (1873), which advanced within the power structures of the State and, over the years, they ensured the implementation of laws that increasingly

restricted the production, trade, and use of any illicit drug.⁷

Meanwhile, in the field of international relations, the policy development dynamics followed the same rationale, and it is also adopted and interconnected through global conferences and meetings so that it was possible to effectuate coping strategies, according to the assumptions already advocated by the United States.⁷

This way of fighting drugs was spread across continents and, thus, adopting an attitude (prohibitionist, overt, and repressive) similar to that of the United States, became a reality, considering that this process of production, distribution, and consumption of drugs circumscribing the most different geographical areas is responsible for the funding of various transnational crimes.⁸

After the creation of the United Nations (UN), in 1945, organization responsible for creating and putting into practice mechanisms that enabled international security, economic development, definition of international laws concerning human rights and social progress, we notice in a concrete way an international body that could lead this struggle for control of psychoactive substances around the world.

Reflections show that the creation of this organization had as a major focus, aimed at facing the drug phenomenon, the consecration of prohibitionism as an effective strategy to reverse it in the world.⁹ This fact affected and guided the whole dynamics of the fighting drugs around the world. It is worth pointing out that this political process discussed and addressed by the international community was restricted to issues of international security to the detriment of the fact that this

phenomenon reflects in security by means of drug trafficking.¹⁰

A reflective analysis on the drug phenomenon in the international scenario ensures that this political strategy has endured for a long time around the world and it still carries major marks in various policy guidelines observed in contemporary days.¹¹ It also highlights that it is recent in the history of the international system of drug control an approach aimed at the health field that has as a guideline use prevention, treatment, and social reintegration as potential solutions for its control.

By analyzing this political movement under a national approach, we find out that Brazil is included into the group of signatory nations of international conventions to fight drug trafficking and use. This reality has determined that the country took a similar international attitude and formulated its policies in line with the prohibitionist discourse.⁷

The primary interventions developed in Brazil date back to the early 20th century, with a view to the exacerbated sale of opium and its derivatives. From the perspective of effectively acting to reduce this consumption, Law 891/1938 was enacted in the 1930s (Figure 1), which proposed compulsory hospitalization, indefinitely, of the so-called drug-addicted individuals.¹² Moreover, it turned the possession of illegal drugs into a crime, regardless of the amount seized.

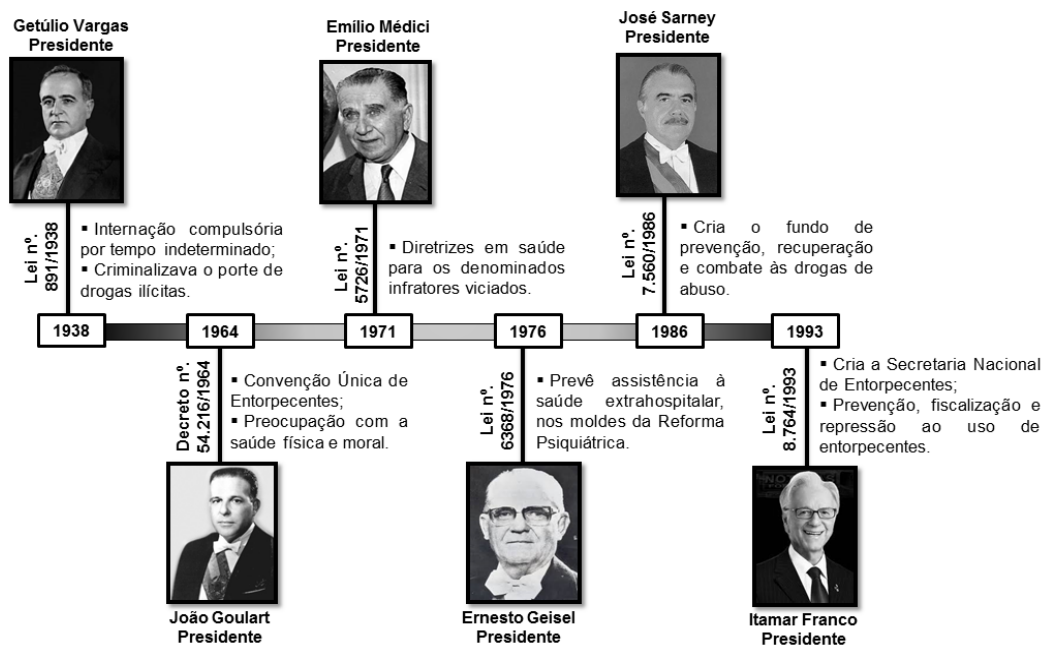


Figure 1. Historical evolution of policies to fight drugs, in Brazil, within the period from 1938 to 1993.

In the historical evolution of policies, as shown in Figure 1, 1964 stands out due to the enactment of the Single Convention on Narcotic Drugs, by means of the Decree 54,216/1964. At this time, we identify a significant ideological evolution in this dynamics of designing drug policies: it is possible to identify the concern with physical health hitherto forgotten. Another relevant aspect is the need for awareness of use prevention.¹³

Through the understanding of the existence of an inevitable relation between drug use and changes in health, the need for a more specific approach to the biological dimension became a concern. From this perspective, Law 5,726/1971 was enacted, providing guidelines for health interventions, although it was restricted to the so-called addicted offenders: those who, due to their vice, lacked conditions to be aware of the illicit nature of their act.¹⁴

Later, this law was replaced by Law 6,368/1976, which provides for health care to the other psychoactive substance addicted individuals, assuring them inpatient treatment or not, through assessment of drug user's status. At this time, the importance of keeping care from an extra-hospital perspective was already understood, in line with the Psychiatric Reform. However, the absence of specific resources turned, at that time, the psychiatric hospital into the unique tool for this therapeutic approach.¹⁵

Just ten years after Law 7,560/1986 was enacted, providing for greater financial freedom to preventive and therapeutic actions that should be deployed at this social level. This piece of legislation creates the fund for prevention, recovery, and fight against drug abuse (FUNCAB), which provides for the destination of goods and products seized and

purchased with illicit drug trafficking or correlated activities.¹⁶

By analyzing the process of constructing public health policies in Brazil for drug users, the fact that the very legislation mentioned above posed legal barriers to the construction of new health care models draws attention, besides still having a rooted prohibitionist ideology that opposes the harm reduction approach.⁶

Another fact deserving an emphasis is the creation, by the Ministry of Justice, of the National Bureau of Narcotics, established through Law 8,764/1993. This piece of legislation represents a major political breakthrough, because it has a rather global view of the problem and provides interconnection between the various agencies: Health Surveillance, Ministry of Finance, Health, and Social Welfare.¹⁸ Its main purpose is the integration of activities developed in the states and in the Federal District in order to make proportional all investments aimed at this problem.

We can notice that great achievements have been made, above all after understanding drug addiction as a health problem. However, only since the 2000s, a new perspective could be observed in face of the drug phenomenon. Although the policies remain in line with the prohibitionist discourse, health care is not a sort of appendix anymore and it becomes an increasingly important theme, despite immanent contradictions of a militarized political and organizational structure to fight the issues related to drugs persist.⁵

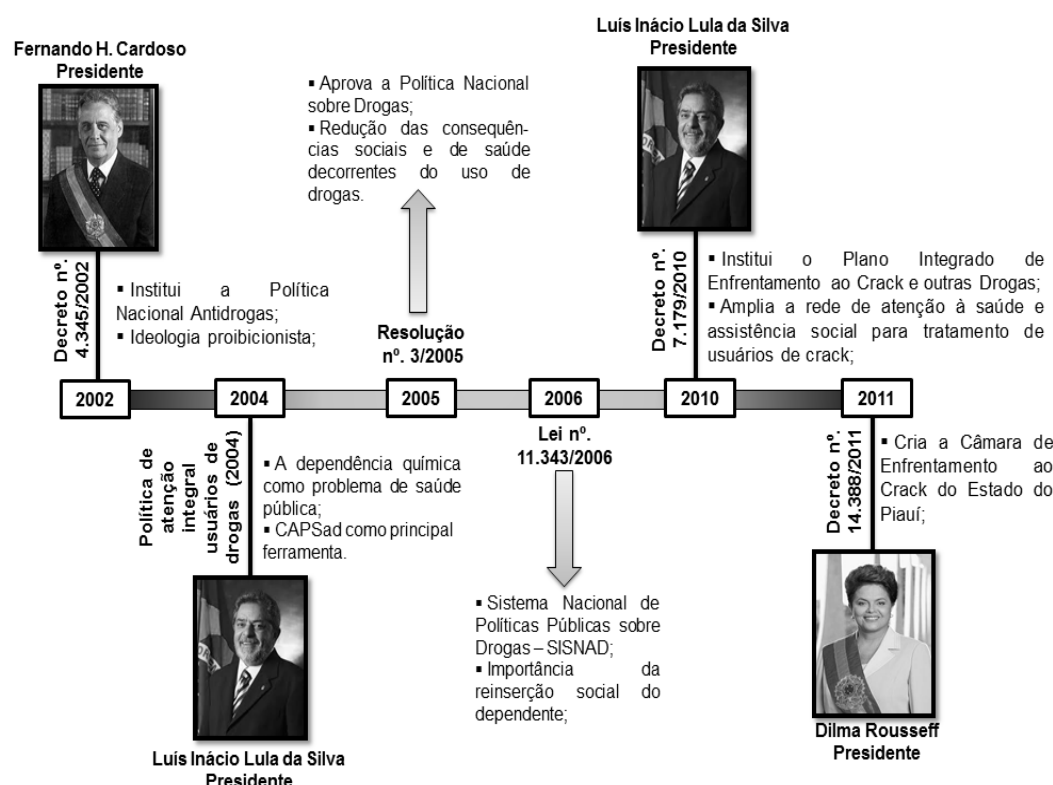


Figure 2. Historical evolution of policies to fight drugs, in Brazil, within the period from 2002 to 2011.

Decree 4,345/2002 was established, as shown in Figure 2, to create the National Drug Policy. In it, persists as the main foundation drug abuse as a serious and ongoing threat to mankind, associated with the problem of drug trafficking and other crimes. The innovative mark of politics understands that various modalities of violence are commonly observed in everyday life addiction.¹⁹

The National Drug Policy makes closer paradoxical discourses: it shares the prohibitionist by means of repression and criminalization of production and possession of illicit drugs, at the same time that a positive harm reduction approach begins, in addition to commitment to the guarantee to rights for citizenship also aligned with the principles of the Psychiatric Reform. This fact favored designing a care model for drug users, especially those using crack.²⁰

In 2004 takes place the formulation of the policy by the Ministry of Health for comprehensive attention to users of alcohol and other drugs. This piece of legislation represents an important milestone, since the harmful use and/or addiction on alcohol and other drugs is included into the public health agenda.²¹ Another relevant aspect to be considered is the interconnection to the Unified Health System (SUS), which became responsible to ensure specialized care for users hitherto covered by non-governmental institutions, in most cases, therapeutic communities, mostly supported by the government.

The political guidelines recommend that care for drug users is provided at all levels of

health care, in an effective and interconnected way that encompasses treatment, recovery, and social reintegration, consisting of many segments, public and private, such as: primary health center, outpatient care units, CAPS, CAPSad, therapeutic communities, self-help and mutual aid groups, general and psychiatric hospitals, day-hospital, emergency services, fire department, specialized clinics, support and interaction houses, and assisted housing.^{22,23}

Continuing the historical development of policies to tackle drugs, it is highlighted that the National Drug Policy has undergone a reconstruction process. Thus, in 2005, the National Policy on Drugs was approved through Resolution 3/2005. In this piece of legislation, the focus on harm reduction emerges with more notoriety in this new version of the policy, something which, in fact, represents the most significant change in this historic pathway to construct public policies on drugs in Brazil.⁵

Another significant change took place in 2006, by means of Law 11.343/2006, where the National System of Public Policies on Drugs is established to replace the National Drug System.²⁴ This change assumes the transformation of understanding the drug problem, which in the political discourse is increasingly broader: “drugs are no longer referred to as a threat to be recognized as a complex social problem to be faced with intersectoral public policies”.^{5:2371}

Another advance of policies is the cross-sectional presence of the ideology of harm

reduction in this piece of legislation. This law has advances, historically significant and revealing a contemporary political positioning: it rebukes production and trafficking, but has a broader approach to prevention, health care, and social reintegration.²³

We can notice across the political discourse introduced as a whole that there are no specific guidelines to tackle the crack phenomenon. Only in 2010, with the advance in discussions on drugs in Brazil and the visible increased supply of this substance, we started recognizing the importance of deploying sanitary measures aimed at crack users.

From this perspective, in 2010 took place the creation of the Integrated Plan to Fight Against Crack and Other Drugs, by means of Decree 7,179/2010. This is an initiative of the Federal Government, which keeps the same ideological alignment of all previous policies: repression to drug supply and drug trafficking, but it innovates with the organization of structuring actions that provide for the interconnection of prevention, treatment, and social reintegration; situational diagnosis on crack use and its consequences; ongoing campaign for mobilization, information, and guidance; as well as training for human resources and development of methodologies to tackle this phenomenon.²⁵

This plan keeps the adoption of overt and militarized measures, such as: compulsory hospitalization for children and adolescents, homeless individuals, crack users, in havens for treatment of drug addiction, monitored by health professionals.⁶ For many people, it represents a throwback in the way how to care for drug-addicted individuals, since militarized action is a failed measure. Although it is advocated, in contemporary times, as a medical and sanitary strategy.²⁶

By assessing outcomes of previous plans, the plan "Crack: it is possible to win" was created in December 2011, and it consists in an expansion and innovation of the Integrated Plan to Fight Crack. Its objectives move towards increasing the provision of health care for users, facing drug trafficking, and criminal organizations, in addition to expanding prevention activities through education, information, and training.²⁷

To operationalize the directions pointed by the political mechanism mentioned above, Brazil has been investing in the expansion of the Network for Psychosocial Care (RAPS), which is characterized as a coordinated, interconnected, and effective mental health network at different levels of care, to assist people undergoing distress and/or those having demands derived from mental

disorders and/or use of alcohol, crack, and other drugs.²⁸

CONCLUSION

Crack use has been regarded as a major public health problem: this is a practice that, besides going beyond geographical barriers, has become the protagonist of the development of a series of problems with a social, political, economic, and health nature.

It is true that drug addiction, with an emphasis on crack, has gained greater media and scientific visibility, however, it is worth noticing that the expansion of scientific knowledge on the theme is still restricted, above all concerning the process of constructing public policies aimed at tackling this problem.

Through the studies analyzed and reflections on the policies themselves, we may conclude that, despite all advances and achievements, what can be actually noticed in these political discourses are guidelines that complement and converge to the deployment of increasingly effective measures to tackle this public health problem.

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