

## Drug policy and Collective Health: necessary dialogues

Política de drogas e Saúde Coletiva: diálogos necessários

Política de drogas y Salud Colectiva: diálogos necesarios

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doi: 10.1590/0102-311X00242618

### Abstract

*The current status of policies on illicit drugs has implications for Collective Health that need to be discussed in depth. This essay aims to explore, in light of the best evidence, the public health impact of drug policies focused on the criminalization of growing, selling, and consuming psychoactive substances. Brazil provides the context for the main analysis. The principal points addressed in this work include drugs as a social issue and the definition of the prohibitionist paradigm, evidence of the unhealthy relationship between this paradigm and the population's health, the issue of a model of care for users of psychoactive substances focused on therapeutic communities, and future paths to be explored to overcome the prohibition of illicit drugs as the principal approach to the issue. Among the main problematic elements in the repressive approach in the Brazilian context, the study highlights violence and homicides, the health impacts of incarceration and blocked access to the health system, and potential new therapies derived from currently banned psychoactive substances. As proposals for future policy changes, the study highlights decriminalization of the use, possession, and small-scale sale of drugs; the reduction of the violence and discrimination associated with policing; focus on harm reduction policies; approach to gender-related specificities; and inclusion of social variables as metrics for successful treatment of problematic drug use. In conclusion, it is relevant that the social issue and drug policy have become the object of more studies in the field of Collective Health.*

*Drug Legislation; Drug and Narcotic Control; Law Enforcement; Substance-Related Disorders*

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## Introduction

Journalist Juan Diego Quesada <sup>1</sup> published a story in 2017 titled *72 Hours in the Fierce War on Drugs in the Philippines*. The special envoy from *El País* to the Philippines began his report on the drug policy enforced in this Asian country with the following data: since June 2016, as soon as President Rodrigo Duterte came to power and launched a brutal campaign against drugs to clean the streets of dealers and consumers, more than 12,500 people have been assassinated, according figures by such organizations as Amnesty International <sup>1</sup>.

In 2018, in his annual state of the nation speech, the president claimed to the country's population that the war on drugs that started in 2016 was "far from over" and attacked the activists who were speaking out against the repressive measures <sup>2</sup>. A few months after the president's claim, the Philippines witnessed the assassination of the 34<sup>th</sup> human rights attorney in the first two years of Duterte's term <sup>3</sup>. The case of the Philippines, the main example of a repressive-type drug policy today, summarizes various aspects of what the current essay intends to debate.

The topic this essay aims to explore in light of the best available evidence is the impact on the population's health of drug policies focused on the criminalization of growing, selling, and consuming psychoactive substances. The article does not focus specifically on healthcare policies for persons engaged in problematic use (the more usual scope of the drug issue in the field of health) <sup>4,5,6,7</sup>.

The term "problematic drug use" includes the consumption of psychoactive substances associated with social or health risk for the user or others <sup>8</sup>. The definition extrapolates but includes more biomedical definitions such as addiction and also includes patterns of use that may be episodic but still generate social and health risks (like driving under the influence of substances, injecting drug use, etc.).

We thus aim to understand how the option for a specific approach to the drug issue by government, namely Drug Prohibition, plays a determinant role in establishing patterns of health access, risks, and needs. Having said this, we underline the pertinence of the social issue of drugs becoming the object of more studies in the Collective Health field. We define social "issue" or "problem" as "*the angle by which societies can be described, read, and problematized in their history, their dilemmas, and their future prospects*" <sup>9</sup> (p. 85), involving various stakeholders, institutions, and regulations that aim to find a solution to that issue <sup>10</sup>. Drug use is the object of public debate and a social issue that mobilizes multiple interests and diverse policies, although its recognition as a social problem has only been recent <sup>10</sup>.

## Humankind and drugs: an age-old relationship

The consumption of psychoactive substances, generically grouped in everyday language under the term "drugs", is an ancient and persistent phenomenon in human history. Except for populations living in areas completing lacking vegetation, there is not a single human group that has not engaged with different psychoactive substances, at different times and in different places <sup>11</sup>.

Various motivations have impelled humankind to relate to substances capable of altering their ordinary states of consciousness: the pursuit of pleasure, relief of worries and tensions, mood control, and expanded consciousness <sup>12</sup>.

Among all the people that have used substances – in 2015, an estimated 250 million people made use of some drug –, around 11% develop a pattern of risky use to the point of dependence – that is, a biomedically defined condition that translates as repetitive use, generally associated with harmful use and difficulty controlling consumption (Organização Mundial da Saúde. Classificação Internacional e Estatística de Doenças e Problemas Relacionados à Saúde – CID-10. <http://www.datasus.gov.br/cid10/V2008/cid10.htm>, accessed on 01/Mar/2019) – and the need for clinical treatment <sup>13</sup>.

Although the idea of "addiction as a brain disease" has been widely disseminated in recent years by a certain group of authors <sup>12</sup>, there are also specialists who emphatically claim the role of economic, social, psychological, and situational factors, in addition to genetic and biological determinations of the phenomenon of problematic drug use <sup>14,15</sup>.

The consumption of psychoactive substances is thus a historical and cultural phenomenon with medical, political, religious, and economic implications <sup>16</sup>. Equally relevant is the need to distinguish between occasional/recreational use and drug addiction (avoiding labeling users as potential addicts)

and the importance of establishing the differences between the various types of psychoactive substances and the harms they cause <sup>16</sup>.

### **The social issue of drugs and the prohibitionist paradigm**

Although the consumption of psychoactive substances has been observed since remote times, it was not until the 20<sup>th</sup> century that the use of some of these substances became a field of social and government attention, debate, and concern <sup>17</sup>.

Having been raised to the level of a social issue, the drug problem was backed by three fundamental discourses: medicalization, criminalization, and moralization <sup>17,18</sup>. These three discourses established relations with each other, both approaching and moving away from the actual manifestations of the drug issue over the course of history.

The moralist pressure against drugs, dating to the late 19<sup>th</sup> and early 20<sup>th</sup> century, not only preceded the elaboration of laws on psychoactive substances, but also served as substrate for them <sup>19</sup>. Henrique Carneiro calls attention to the precedence of the moral discourse in constructing the social issue of drugs, stating that the history of drug regulation initially shifted from the religious control of use to control, but maintaining the same ethnic and ideological prejudices <sup>20</sup>.

Analogously to the influence of moral aspects on drug legislation, there was an approach by the discourses of medicalization and criminalization. Both discourses converged to lend legitimacy to the illegality of certain drugs through the protection of what the field of Law refers to a legal good in public health <sup>21</sup>.

There are also examples of avoiding the discourses of medicalization and criminalization. European drugs experts from various fields related to the drug issue have assessed the capacity of many drugs in producing harm to users and others, reaching a consensus that a psychoactive substance's legal status is not directly related to its capacity to produce harm <sup>22,23</sup>.

Over the course of the 20<sup>th</sup> century, a specific form of state action regarding the drug issue became hegemonic: namely Prohibition. The genesis and diffusion of this paradigm are the results of a combination of social, political, and economic factors. The construction of its hegemony drew on the political radicalization of American puritanism, the social elites' fear of urban disorder, 20<sup>th</sup>-century geopolitical conflicts, and the medical and pharmaceutical industry's interest in their own monopoly of drug production <sup>24</sup>.

Among all the psychoactive substances, the principal targets of contemporary Prohibition have been cannabis (marijuana), coca (cocaine/crack), and poppy products (opium and heroin). An important international reference was the Single Convention on Narcotic Drugs in 1961, empowered by the United Nations and sponsored by the USA <sup>24</sup>.

Another important reference in Prohibition <sup>25</sup> was the declaration by U.S. President Richard Nixon, who in 1971 described illicit drugs as "public enemy number one", declaring a "War on Drugs". The declaration by the United Nations General Assembly in a special session in 1998 also affirmed the desire to free the world of the illegal production of opioids, cocaine, and cannabis, as well as of manufactured illegal drugs such as amphetamine stimulants <sup>26</sup>.

Although the advent of the drug problem as a state issue and the hegemony of Prohibition are a legacy with less than a century, in all societies there have always been forms of social regulation of drug consumption. The historical novelty of the 20<sup>th</sup> century was the penal and international characteristic added to the problem <sup>27</sup>.

However, before the prohibitionist paradigm became internationally hegemonic, there were initial experiments in banning psychoactive substances. These featured prohibition of the use of alcohol by the *Volstead Act* in the United States <sup>27</sup>, whose results in terms of Collective Health already foretold the problems associated with this policy.

The groups comprising the prohibitionist movement in North America were quite heterogeneous<sup>24</sup>. Carneiro notes that this raises some difficulty in analyzing this movement. It was puritanical and featured intense participation by women, with middle-class values, but with involvement of the working class and large industrialists, plus major Evangelical participation (especially Methodist), but also joined by Catholics <sup>20</sup>.

However, its effects were characterized by a series of unwanted consequences: corruption of agents in the state hierarchy, high incarceration rates, and the creation of an illegal circuit with the circulation of alcohol run by organized crime <sup>11,28</sup>. There was also an alarming explosion of unsafe alcohol use at the time, with deaths, poisonings, and physical sequelae caused by the ingestion of distilled alcohol unfit for consumption <sup>11</sup>.

Still, the setbacks from this prohibitionist experiment – which ended in 1933 – were not sufficient to prevent the successful attempt to expand and internationalize the ban on some substances, especially since 1961.

The success of contemporary Prohibition thus consolidated a veritable global crusade against drugs, legitimized by two fundamental premises, as defined by Fiore <sup>24</sup>: (a) drug consumption is an avoidable and harmful practice, which justifies prohibition by the state; and (b) the ideal action by the state to fight drugs is to criminalize their circulation and consumption.

Faria <sup>29</sup> (p. 45), in his Master's thesis, expands on the definition of the prohibitionist paradigm by Fiore <sup>24</sup>, proposing a set of principles that would define the "Ideology of the War on Drugs": (1) the perception of drugs, and by extension those who use and sell them, as enemies or essentially unwanted; (2) the use of military and police resources as the main means for dealing with the problem; (3) the idea that illicit drugs and their use can and should be eradicated; (4) the implicit concept that the solution to problematic drug use is abstinence; and (5) encouragement for the incarceration modalities – criminal or psychiatric – as the potential solution to the drug problem.

Thus, the hegemony of Prohibition decisively marked the contemporary drug issue and shaped the production of knowledge on psychoactive substances by arbitrarily defining which drugs would be considered legal and which would be made illegal <sup>24,28</sup>.

### **Prohibition and Collective Health: evidence of an unhealthy relationship**

Having laid out the foundations of the prohibitionist paradigm and the War on Drugs resulting from it, we now discuss the consequences of this approach to the drugs phenomenon by the state. The consequences of Prohibition's hegemony extrapolate the sphere of Public Security and care for problematic drug users – in which they are usually addressed – and directly interest Collective Health.

In Brazilian society, the most recent consensus on the drug issue led to the drafting of *Law n. 11,343/2006* <sup>30</sup>, the country's prevailing Drug Law, and is based on two main elements: prevention of undue use, care, and social rehabilitation of drug users and addicts and repression of unauthorized drug production and illegal drug trade.

The law that summarizes the principal references in Brazil's national drug policy thus linked two main discourses: a criminalizing discourse, aimed at drug dealers, and a medical and legal discourse, targeted to drug users. This link aimed to determine the punishments for drug dealing and to shift users from prisons to the healthcare system and social assistance <sup>31</sup>.

Importantly, *Law n. 11,343* does not refer to the decriminalization of any substance previously classified as illegal, but only to the fact that drug users would no longer be subject to prison sentences. Meanwhile, crimes related to drug dealing had their sentences increased, with a minimum punishment of five years' confinement <sup>30</sup>. Note that this distinction appears not to apply in practice, especially when it comes to specific groups like black and the poor. There is evidence that a considerable share of persons incarcerated for drug trafficking in Brazil may actually be users or petty dealers, whose activity is not associated with violence <sup>31</sup>.

### **Prohibition, violence, and mortality from external causes**

The association between prohibitionist policies and the rise in violence and homicides is probably the most dramatic consequence of the War on Drugs.

The prohibition of drugs, products whose demand has remained stable and whose trade continues to generate fabulous profit margins <sup>32</sup>, is responsible for creating a parallel economy operated by criminal networks <sup>33</sup>.

Having said this, before we present data on the association between violence and repressive drug policies, we should highlight that despite the hegemony of Prohibition, the variety of drugs and their markets are expanding as never before in history<sup>33</sup>.

As an example, global cocaine production increased by 56% from 2013 to 2016. Likewise, the fact that the largest increase in cocaine seizures in 2016 occurred in Africa demonstrates the existence of an emerging market for the drug. There has also been an increase in the variety of illegally available psychoactive substances: from 2009 to 2017, 111 countries and territories reported seizing 803 new psychoactive substances<sup>32,33</sup>.

As for violence, a systematic review analyzed 15 studies that assessed the impacts of drug law enforcement on drug market violence. In this review, 93% of the studies evidenced adverse effects of drug laws on levels of violence, concluding that armed violence and high homicide rates are unavoidable consequences of drug prohibition<sup>34</sup>.

Further on the relationship between Prohibition and rising homicide rates, the Mexican cases stands out in the world: the increase in the number of assassinations resulting from the use of military force against the drug traffic since 2006 has even reduced life expectancy in the country<sup>35,36,37</sup>.

Brazil also displays high fatality rates from police action, although there are problems with the data's reporting and composition. The excessive use of police force stands out. It is notoriously more intense in socially deprived areas such as Rio's favelas, when compared to the rest of the city<sup>38</sup>, and more intense in Brazil than elsewhere in the world<sup>39</sup>. From 2009 to 2016, more than twenty thousand people were killed in Brazil as the result of police action, mostly young black males<sup>40</sup>.

In the USA, the War on Drugs is related to the erosion of legislation that curtail police action and to an increase in police brutality against the African-American minority, without a corresponding reduction in the use and sale of drugs on the streets<sup>41</sup>. In the Philippines, the declaration of the War on Drugs by President Rodrigo Duterte, elected in 2016, is implicated in escalating violence, incarceration, and avoidable mortality<sup>42</sup>, with thousands of deaths associated with this policy's enforcement<sup>43,44</sup>.

Violence associated with drugs is also mediated by other factors besides the substances' legal status. These feature policing, the users' socioeconomic context, their relationship with the drug, and the means used to access the substance.

Daudelin & Rattton<sup>45</sup> analyzed the violence associated with the crack market, comparing it to the relatively peaceful drug trade for the middle classes, and observed that the levels of violence are associated not only with the product's illegality, but result from "*an explosive combination of compulsive and dependent consumption, a situation of poverty (...), extensive use of credit (...), and disruptive policing, with low dissuasion of violence*"<sup>45</sup> (p. 127).

The War on Drugs policy, as enforced in Brazil for purposes of controlling the territories where the supply is concentrated, can be considered a biopolitical strategy as defined by Foucault<sup>46</sup> and operated by the logic of exception as formulated by Agamben<sup>47</sup>, dealing with the topic of exception by defining modern totalitarianism as the enforcement of legal mechanisms that allow the physical elimination of political adversaries and entire categories of citizens who for any reason do not appear amenable to integration into the political system.

This logic of exceptionality appears to apply appropriately to the case of police violence in Brazil's peripheral communities, purportedly targeted to fighting drugs and dealers, where residents of poor communities (mostly black) have become disposable as victims of interventions perpetrated by recourse to sovereign exception<sup>48</sup>.

The use of such sovereign exception in the form of lethal violence was the focus of an empirical study by Orlando Zaccone<sup>49</sup>, showing that the discourse of the Public Prosecutor's Office on the presence of enemies in favelas presents "models" that are repeated as patterns in different petitions to terminate internal affairs proceedings, effectively authorizing police forces to claim self-defense and justifying the deaths of those labeled as "unworthy".

The contemporary debate proposed by Achille Mbembe<sup>50</sup> on the conditions for exercising the power to kill, to let live, or to expose to death, as well as the subjects of this law, posits the insufficiency of the notion of biopower and defines the contemporary forms that subjugate life to the power of death – necropolitics and necropower – to address the ways by which firearms are distributed in the contemporary world.

### **Prohibition, mass incarceration, and health risk**

The War on Drugs policies have been associated with high incarceration rates throughout the history of their enforcement. In the United States (the main underwriter of Prohibition and world leader in the number of prison inmates), the crackdown on the drug trade and drug use has led to a five-fold increase in the prison population since 1972, without a corresponding decrease in crime or drug use<sup>51</sup>.

The evidence is clear<sup>52</sup> that prohibitionist drug policies have been enforced with a racial bias. The United States is the case with the most complete documentation, and in 2014, blacks showed fivefold higher lifetime odds of incarceration when compared to whites.

The situation is analogous in Brazil, with the world's third largest prison population (more than 700,000 inmates) and an incarceration rate of 352.6 inmates per 100 inhabitants in 2016, a rate that has shown an upward trend<sup>53</sup>.

The drug traffic is still not the most frequent cause of imprisonment in Brazil, but it has contributed the most to the increase in incarceration rates, currently accounting for 26% of the prison population in men and 62% in women<sup>53</sup>.

The Brazilian data also show that incarceration for drug-related crimes mostly involves small amounts of substances: up to 19% of imprisonments related to cocaine and 54% related to marijuana are for amounts of the drugs that would be classified as personal use under other legislations<sup>54</sup>.

In Brazil, as in the United States, blacks are also overrepresented in the prison population (64% versus 53% of blacks in the overall population), which is also mostly young (55%) and with low schooling (80% have not completed secondary school)<sup>53</sup>.

For this article's purposes, we are now interested in assessing the consequences of indiscriminate incarceration for the field of health. The available data show that the prevalence of substance use disorders is higher in the prison population than in the general population<sup>55</sup>. In addition, persons with a history of drug use (also overrepresented in the prison population) are at extremely high risk of overdose following release from state custody<sup>56,57</sup>.

Repressive policing against drug use contributes heavily to the risk of HIV infection, associated with injecting drug use, when it constitutes a barrier to access to needle exchange services and therapies for replacement of injectable opioids with non-injectable ones<sup>58,59</sup>.

In addition, drug use, including injectable drugs, occurs inside penitentiaries, and HIV and hepatitis C transmission occurs among inmates, frequently complicated by coinfection with tuberculosis – in many places multi-resistant tuberculosis<sup>52</sup>.

In Brazil, persons deprived of freedom have a 28 times higher chance of contracting tuberculosis when compared to the general population<sup>53</sup>. Likewise, in the Brazilian prison population, the mortality rate from intentional violent means was six times that of the general population in 2013<sup>53</sup>. The prevalence of substance use disorders was also higher in the country's prison population than in the general population<sup>60</sup>.

Assessing the incarceration issue from the legal point of view, Slokar et al.<sup>61</sup> made the distinction between primary criminalization – the act and effect of sanctioning a material penal law, which incriminates or allows the punishment of certain persons – generally exercised by policy agencies (legislatures, executive branches), from secondary criminalization, which is the punitive action exercised on actual persons, generally carried out by police forces. The enforcers of criminalization proceed selectively and simplistically, that is, performing the criminal selection of gross facts, which is easier, as well as the choice of persons that cause fewer problems, given their incapacity for positive access to political and economic power and to social communication<sup>61</sup>.

### **Prohibition and health access**

A Special Session of the United Nations General Assembly in 1998 endorsed the member countries' commitment to strategies to eliminate or significantly reduce the illegal cultivation of coca, cannabis, and poppy, as well as manufactured psychoactive substances such as amphetamines, by the year 2008<sup>62</sup>.

This intention to create what at the time was called "a drug-free world" spawned aggressive practices that were harmful to the health of workers involved in growing the plants used to make drugs, especially coca, poppy, and *cannabis*.

Such practices have featured spraying coca leaves with the defoliant glyphosate, which has been associated with respiratory and dermatological disorders and miscarriages. The forced displacement of landless rural families also aggravates food insecurity, and the growers' geographic isolation deprives them of access to basic health services and prevents them from being reached by public health programs <sup>63,64,65,66</sup>.

As for the relationship between Prohibition and access to legal recourse and health, it is essential to address the difficulties imposed on the study and clinical application of the therapeutic potential of currently banned psychoactive substances.

With varying degrees of available evidence, various illegal substances (*cannabis*, methylenedioxy-methamphetamine – MDMA, psilocybin, and lysergic acid diethylamide – LSD) <sup>28</sup> or those with use restricted to ritual contexts (ayahuasca) have demonstrated potential for therapeutic use <sup>67,68</sup>.

*Cannabis* products show evidence of efficacy in the treatment of spasticity associated with multiple sclerosis <sup>69</sup> and HIV-related neuropathic pain <sup>70</sup>. There is also the possibility of use of *cannabis* as symptomatic treatment of post-traumatic stress disorder <sup>71</sup>. The use of marijuana has also been discussed as harm reduction for crack use <sup>72</sup>.

There is also an important role for *cannabidiol* (CBD), a cannabinoid found in marijuana, as adjuvant treatment for patients with severe and resistant epileptic seizures in early childhood <sup>73</sup>. Importantly, via court action, Brazil has a path open for legalization of the therapeutic use of marijuana and sometimes even including its cultivation. Such strides have been made despite the lack of advances in the legislative field.

The use of MDMA had already been approved by the FDA a breakthrough therapy for patients with posttraumatic stress disorder, having demonstrated sustained symptomatic relief in patients resistant to traditional treatments <sup>73</sup>. There is also therapeutic potential to be explored in psychedelic substances, including psilocybin <sup>74,75,76</sup>, LSD <sup>77,78</sup>, and ayahuasca <sup>67,68</sup>.

Despite the promising results of the therapeutic use of currently banned substances, some of which have been known for decades, prohibition's hegemony poses a persistent obstacle to clinical and pharmacological research involving the use of these substances, thus increasing the time for obtaining substances, the cost of studies, and the bureaucracy required to perform the studies <sup>28</sup>.

The moral panic associated with Prohibition also interferes in maternal-child healthcare. The so-called "crack baby" phenomenon revealed how the fear of harm associated with prenatal exposure to cocaine led to punitive policies against user mothers <sup>79</sup>.

This type of approach, whose ethical, legal, and racially biased faults have been identified by academics, constituted a barrier to healthcare for the mothers and their children and were not backed by scientific evidence <sup>80</sup>. In Brazil, children of crack users classified as "in a high risk situation" – mostly poor and homeless – have been compulsorily separated from their mothers and referred to shelters <sup>81</sup>.

## Overcoming the prohibitionist paradigm: pathways to change in drug policies

The formulation of public health policies involves – both in their general aspects (structuring of a national health system) and in their specific themes (such as drug policy) – major budget resources and central political issues such as the option for a given type of state.

The macropolitical dimension has meant that since the Brazilian Unified National Health System (SUS) was created, it has been marked by multiple political voices, having been implemented in a scenario of heterogeneous interests <sup>82</sup>.

Brazil's Health Reform, whose objectives were expressed in the understanding of health as a social right to be ensured by the state (Constituição da República Federativa do Brasil, 1988. [http://www.planalto.gov.br/ccivil\\_03/constituicao/constituicao.htm](http://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm)) and in the creation of a Unified Health System with universal access and comprehensive healthcare <sup>83</sup>, largely replaced the social security-based model focused on individual medical care (curative and specialized) that prioritized private health products and was linked to international capital <sup>84</sup>.

Despite the political victory of the vision of the Social State acting in health, ensured by the 1988 *Brazilian National Constitution*, the implementation of the SUS in the 1990s and 2000s has been

marked by a permanent contradiction between the principle of universality on the one hand and that of containment of public expenditures on the other <sup>85</sup>.

The same has been true for the political process of building the Mental Health Reform in Brazil, where the dispute between opposing interests resulted in contradictory policies by the Brazilian state in its institutional and economic positions <sup>86</sup>.

In the period immediately prior to the organization of the Psychiatric Reform Movement in the 1970s, even while the official mental health policy incorporated elements from preventive psychiatry, government funding continued to favor private psychiatric institutions over community-based action <sup>86</sup>. Broad civil society involvement was necessary for the disputes over the psychiatric care model to be resolved in favor of the Reform's proponents <sup>87</sup>, a complex process whose details are beyond the scope of this article.

The drug policies' formulation is part of the contradictions in the actual implementation of the SUS and the realization of the Psychiatric Reform. This process is thus situated in the context of disputes between public and private interests in health.

In the case of mental health policies, the large void left by the state in policies for problematic users of alcohol and other drugs until the early 21<sup>st</sup> century was occupied by Therapeutic Communities (TC) <sup>88</sup>, psychiatric hospitalizations, and mutual-help groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) <sup>89</sup>. The hegemonic medical and social approaches during this period, influenced by medical and moral values, all focused on the idea of abstinence as the only solution to problematic drug use.

The treatment modality offered by TCs is heavily associated with Catholic, Evangelical, and Spiritist religious groups <sup>88,90</sup>. Although according to Kurlander its foundations include elements that are similar to some of the principles of Psychiatric Reform <sup>91</sup>, TCs presents highly heterogeneous therapeutic practices that frequently clash with the guidelines of Brazil's national mental health policy <sup>88</sup>.

The case of TCs in drug policies clearly expresses what Campos <sup>82</sup> had already outlined when analyzing the construction of the Brazilian health system: "in reality, the discourses and practices are mixed".

From 2003 to 2018, Brazil practiced a national drug policy that considered harm reduction the principal therapeutic approach to the problematic use of psychoactive substances and at the same time included the TCs, focused on abstinence, in the country's official Network of Psychosocial Care (RAPS in Portuguese) <sup>91</sup>. In practice, this shaped a health policy in which a lay state with a Psychiatric Reform-based mental health policy was financing (with loose regulation) TCs in which treatment was based on religious indoctrination and sometimes disrespect for human rights <sup>89</sup>. Yet as in any process of formulation or modification of public policies, the Therapeutic Communities' inclusion in the RAPS was not without political tension and resistance by the network's health professionals, users, and their families <sup>92</sup>.

The influence of prohibitionist policies in the field of drugs is associated with a specific form of action by the state in social issues, defined as the Penal State <sup>92</sup>. This specific mode of state institutional action, as formulated by Loïc Wacquant <sup>93</sup> (p. 27), is processed by the combination of dismantling Social Society and "a state policy of criminalization of the consequences of the state's misery", through state action in police and penitentiary mode, within which the criminalization of poverty and confinement of disinherited categories take the turn of social policy for the helpless and according to a logic with the War on Drugs and the resulting mass incarceration.

Having described the risks associated with repressive policies, it is thus necessary to briefly indicate alternatives to Prohibition, with a view towards improving public health. The paths include: decriminalization of the use, possession, and small-scale sale of drugs; reduction of the violence and discrimination associated with law enforcement; focus on harm reduction policies; attention to gender specificities; inclusion of social variables as metrics for success in the treatment of problematic drug use; and increase in research for the production of scientific evidence. These proposals are part of the most comprehensive international review of drug policies and public health <sup>52</sup>. We could further add the need to consolidate the legal status of the therapeutic use of currently banned substances such as marijuana and some psychedelics.

## Conclusions

The forms of regulation of the production, sale, and use of psychoactive substances, called drug policies, impact the field of Collective Health, including health access, mortality from avoidable causes, health conditions inside institutions, and maternal-child health.

Likewise, the way the state addresses the drug issue relates to the way health policies are conceived as a whole and to even broader issues such as human rights and the state's role in guaranteeing social rights and their relationship to private interests.

Prohibition is associated with negative changes to health indicators that are not related directly to mental health or care for problematic users of psychoactive substances.

In the Brazilian case, it is crucial for the field of Collective Health to incorporate the critique of the health and social risks associated with Prohibition, since this is a policy whose conception and practical results run counter to the principles and guidelines of the SUS, necessary to guarantee the existence of a national health system.

Prohibition thus corresponds to a political paradigm that may respond to the moral wishes of a conservative society in relation to drugs, but which clashes with this same society's values and rights. Particularly worrisome in this case is the limitation on health access.

Therefore, in addition to the discussion on models and policies of care for users of psychoactive substances, in the search to ensure the right to health, it is essential for Collective Health as a field to expand the view of drug policies and to understand this view as interdisciplinary. In so doing, it is crucial to perceive how the ideals of the War on Drugs poison the policies and skew the debate. After so many years of harm to health in the name of its protection, it is necessary to understand and disarm the dangerous relations caused by the prohibitionist paradigm.

## Contributors

D. Gomes-Medeiros contributed to the study design, conducted the literature review, and wrote the manuscript. P. H. Faria contributed to the study design and wrote the manuscript. G. W. S. Campos contributed to the study design and critically revised the manuscript. L. F. Tófoli contributed to the study design and critically revised the manuscript.

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## Resumo

*A hegemonia atual das políticas de drogas ilícitas tem implicações à Saúde Coletiva que necessitam ser discutidas de forma aprofundada. Este ensaio procura explorar, à luz das melhores evidências, o impacto das políticas sobre drogas focadas na criminalização do plantio, comércio e consumo de substâncias psicoativas sobre a saúde das populações. O contexto de análise principal será o brasileiro. Os pontos principais abordados por este trabalho incluem a questão social das drogas e a definição do paradigma proibicionista, as evidências da relação insalubre entre tal paradigma e a saúde das populações, a problemática de um modelo de assistência aos usuários de substâncias psicoativas focado nas comunidades terapêuticas, e futuros caminhos a serem explorados na superação da proibição de drogas ilícitas como a principal forma de abordar a questão. Entre os principais elementos problemáticos da abordagem repressiva no contexto brasileiro podem ser destacados a violência e a mortalidade por homicídios, os impactos sanitários do encarceramento e o bloqueio de acesso ao sistema de saúde e a novas terapias derivadas de substâncias psicoativas atualmente proscritas. Como propostas de mudanças políticas futuras, ressalta-se a descriminalização do uso, posse e pequenas vendas de drogas; a redução da violência e da discriminação associadas ao policiamento; o foco em políticas de redução de danos; a abordagem das especificidades relacionadas ao gênero; incluir variáveis sociais como métrica do sucesso no tratamento do uso problemático de drogas. Concluindo, é relevante que a questão social e política das drogas se torne objeto de mais estudos no campo da Saúde Coletiva.*

*Legislação de Medicamentos; Controle de Medicamentos e Entorpecentes; Aplicação da Lei; Transtornos Relacionados ao Uso de Substâncias*

## Resumen

*La hegemonía actual de las políticas de drogas ilícitas tiene implicaciones para la Salud Colectiva que necesitan discutirse profundamente. Este trabajo estudia, a la luz de las mejores evidencias, el impacto de las políticas sobre las drogas, enfocadas en la criminalización del cultivo, tráfico y consumo de sustancias psicoactivas, para la salud de la población. El contexto de análisis principal será el brasileño. Los puntos principales abordados por este trabajo incluyen: cuestión social de las drogas y la definición del paradigma prohibicionista; evidencias de la relación insana entre este paradigma y la salud de las poblaciones; así como la problemática de un modelo de asistencia a los consumidores de sustancias psicoactivas centrado en comunidades terapéuticas, y los futuros caminos que se exploran para que se supere la prohibición de las drogas ilícitas como la vía principal de abordaje de esta cuestión. Entre los elementos primordiales y problemáticos del enfoque repressivo en el contexto brasileño se pueden destacar: violencia y mortalidad por homicidios; impactos sanitarios conlleva el encarcelamiento y el bloqueo del acceso al sistema de salud; así como las nuevas terapias, derivadas de sustancias psicoactivas, actualmente proscritas. A modo de propuestas para posibles cambios políticos futuros, se resalta la descriminalización del consumo, posesión y venta de pequeñas cantidades de droga; la reducción de la violencia y discriminación, asociadas a la vigilancia policial; situar el centro de la cuestión en políticas de reducción de perjuicios para la salud; plantear las especificidades relacionadas con el género; así como incluir variables sociales como medir el éxito de los tratamientos relacionados con el consumo problemático de drogas. A modo de conclusión, es relevante que la cuestión social y política de las drogas se convierta en objeto de más estudios en el campo de la Salud Colectiva.*

*Legislación de Medicamentos; Control de Medicamentos y Narcóticos; Aplicación de la Ley; Trastornos Relacionados con Substancias*

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Submitted on 17/Dec/2018  
Final version resubmitted 13/Mar/2019  
Approved on 15/Apr/2019