


# Paradox in drug policies: discursive clashes on news websites over Law 13.840/2019


## Paradoxo nas políticas sobre drogas: embates discursivos sobre a Lei 13.840/2019 em portais de notícia

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### Abstract

This study is based on the premise that drug policies are discursively constructed by the engagement of different social actors and their capacity to forge consensus. Considering that people tend not to seek information on policies by themselves, the journalistic discourse plays an important role in mediating the contact between readers and the reality of drug policies. Thus, this work aims to analyze the discourses around the Act 13.840 of 2019, published at mass media portals online. This is a documental study based on the three-dimensional model for critical discourse analysis developed by Fairclough. The portals G1, R7, Carta Capital, and The Intercept Brasil (chosen due to granting free access and having different ideological perspectives) were searched for articles approaching the Act. Our results indicate that the published articles demonstrate knowledge on policy making and reinforce the hegemonic prohibitionist discourse, despite some unclear objections about possible alternatives. The representations of the Act 13.840 differed according to the publishing portal, but, in general, the articles made few considerations about the impact of the Act on the Psychosocial Support Network.

**Keywords:** Public policy; Drug and Narcotic Control; Mass Media.

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## Resumo

Parte-se da premissa de que as políticas sobre drogas são objetos construídos discursivamente a partir do envolvimento de diversos atores e de sua capacidade de produzir consensos. Dessa forma, o discurso jornalístico assume um importante papel de mediação entre os leitores e a realidade das políticas sobre drogas. Assim, objetivou-se analisar os discursos sobre a Lei 13.840/2019 em portais de notícias de massa. Trata-se de um estudo documental, de abordagem qualitativa, com aporte da Análise de Discurso Crítica, segundo o método de análise tridimensional de Fairclough. Realizou-se uma busca por notícias sobre a Lei, no período de março a junho de 2020, publicadas on-line nos portais G1, R7, Carta Capital e The Intercept Brasil. Os portais foram escolhidos por serem de acesso gratuito e apresentarem vertentes ideológicas diversas. Destaca-se o conhecimento sobre o contexto de produção da referida Lei, bem como a reprodução do discurso proibicionista hegemônico nas notícias, apesar de algumas contestações pouco claras quanto à alternativa. Observam-se representações distintas sobre a Lei de acordo com o portal em que a notícia foi publicada. Contudo, em geral, o impacto da Lei para a Rede de Atenção Psicossocial, quando mencionado, foi abordado de forma superficial.

**Palavras-chave:** Políticas Públicas; Controle de Drogas; Meios de Comunicação de Massa.

## Introduction

This article is derived from research for a master's degree on the discourse changes in drug policies in a context of opposition to the achievements of the Brazilian Psychiatric Reform Movement (MRB). It consists in Critical Discourse Analysis (CDA) of news reports (NR) that were published in mass news websites and reflected the voting of Law N. 13.840/2019 (Brazil, 2019) in the year 2019, to understand the social context in which the document was produced and to investigate how it was reported by the mass media.

Considering that the object of study of drug policies concerns the planning and evaluation of the roles played by the State regarding drug consumption (Fiore, 2018), the assumptions made in this study ought to be clear. Thus, drug consumption is considered to be a historical-social phenomenon that precedes the formal organization of the contemporary State (Fiore, 2018). Although there is a distinction between State and society, State regulation of drug consumption is defined by the involvement of several actors, their ideology and capacity to mobilize within society (Carneiro, 2018). Finally, public policies are also considered to be discursive objects, therefore it is important to consider the power differences between different actors in society to produce consensus by forging alliances - hegemony - to perpetuate a worldview - ideology (Fairclough, 2013, 2016; Resende, 2018).

After observing the influence of an anti-reformist logic on the devices of Law N. 13.840/2019 (Brazil, 2019) favoring involuntary hospitalization and reception in therapeutic communities (TC), to the detriment of the achievements of the psychiatric reform (Montenegro et al., 2020), we chose to analyze how media discourses propagate the content of official documents, considering the role of the media in power relations. In this light, the power of the media discourse concerns the construction of truth and definition of reality from a supposedly neutral elaboration. However, when events are reported, they are also produced by the media by combining reception strategies aimed at eliciting in readers specific feelings and

reactions through dramatization, with the report on the power - characteristic of politics - to ensure its credibility. Therefore, it is not possible to sustain complete impartiality. In addition, the media plays a role in controlling the masses by selecting what will be reported or what will be “silenced”. By doing so, the media discourse plays an important role in mediating between readers and reality, perpetuating ideologies, producing consensus and, consequently, maintaining a certain hegemony (Charaudeau, 2019; Sousa, 2012; Vasconcelos; Silva; Schmaller, 2013).

## Method

This is a documentary study (Gil, 2018) with a qualitative approach based on the three-dimensional model of Fairclough (2016), situated in the realm of Critical Discourse Analysis. Thus, discourse is understood as both oral, written, and pictorial language. It is conceived as a way of understanding and impacting the world, of influencing and being influenced by the social structure.

The three-dimensional model considers that discourse is composed of text (vocabulary, grammar, cohesion and textual structure), discursive practice (strength, coherence and intertextuality) and social practice (ideology and hegemony). Discursive practice also encompasses the mechanisms of production, publication and consumption of discourse (Fairclough, 2016). Considering that the information in official documents reaches the majority of the population by being spread by mass media, we chose to analyze how some of the main free news websites (G1, R7, Carta Capital and The Intercept Brasil) reported on Law N. 13.840/2019 (Brazil, 2019). It also allowed us to collect more information about the context in which the document was voted.

The choice of news websites took into account that all discourse is ideological because it is influenced by, and replicates, a worldview. Thus, our goal was to include news websites with different ideological and political perspectives so as to gain a broader view of the research object.

The search for news reports was performed in the search tools of the news websites, considering

the period of 2019. The search was performed from March to June of 2020. The terms “involuntary hospitalization” and “therapeutic communities” were used in the search tool because they are the main topics of discussion in the law. The term “Law N. 13.840” was also used in the search tool. However, we found that the search tool of the chosen news websites is non-specific, that is, it does not allow searching for exact words or terms or selecting a specific period, with the exception of the G1 tool. The R7 tool included results from other news websites, the G1 tool exhibited results with similar words - even when the law number was used -, and The Intercept Brasil website does not have a search tool. In this case, it was necessary to search on Google associating the name of the news website with the descriptors. News reports which that not mention Law N.13.840/2019 (Brasil, 2019) were discarded. However, because of the search tool, only the number of NRs selected for analysis was counted. The descriptors that produced results are presented in Chart 1.

**Chart 1 – List of descriptors with positive result by news website**

Website	Descriptors that produced results.
The Intercept Brasil	Involuntary hospitalization
	Therapeutic communities
	Law N. 13,840
R7	Involuntary hospitalization
Carta Capital	Involuntary hospitalization
	Therapeutic communities
	Law N. 13.840
G1	Involuntary hospitalization
	Therapeutic communities

The selected NRs were read in full and sorted by the website where they were found. After reading the reports, a data collection instrument (Table 1) built by the researchers, based on the categories of analysis of the three-dimensional model of Fairclough (2016), was used for coding. Then, a written summary of the NRs was produced for each news website. The

coding and summary materials were shared among the researchers on Google Drive.

Considering that the material analyzed can be accessed by the public, this study does not require

approval by the Research Ethics Committee. In addition, we chose to use quotation marks to highlight the words, expressions and excerpts taken *ipsis litteris* from the NRs.

**Table 1- Data collection instrument**

<b>Title</b>	
<b>Author</b>	
<b>News outlet</b>	
<b>Text</b>	
<b>Vocabulary</b> (Meanings, lexicalization and metaphors)	
<b>Grammar</b> (Transitivity and subject)	
<b>Cohesion</b> (Connectors and argument)	
<b>Text structure</b> (Organizing ideas)	
<b>Discursive practice</b>	
<b>Strength</b> (Action called)	
<b>Coherence</b> (To whom is it addressed?)	
<b>Intertextuality</b> (Excerpts from other texts)	
<b>Social practice</b>	
<b>Ideology</b>	
<b>Hegemony</b>	

## Results and discussion

In all, fourteen news reports were chosen, one from The Intercept Brasil, two from Portal R7, three from Carta Capital and eight from G1;

of those, three were published in G1 Política and the others in G1 Rio de Janeiro, G1 São Paulo, G1 Ceará, G1 Jornal Nacional and G1 Ciência e Saúde. The headlines<sup>1</sup>, authors and websites of the NRs are collected in Chart 2.

<sup>1</sup> Free translations.

**Chart 2 - Relationship between news reports analyzed in this study**

Webiste	Code	Author	Title	Date
The Intercept Brasil	TIB	Clarissa Levy Thaís Ferraz	Who stands to profit from the new Drug Law? Not drug addicts, clinics.	May 17, 2019
R7	R701	Juliana Moraes	Bolsonaro sings law for involuntary hospitalization of drug addicts.	June 6, 2019
	R702	Fernando Frazão	Rio de Janeiro will have involuntary hospitalization of drug users.	August 9, 2019
Carta Capital	CC01	Ana Luiza Basílio	Involuntary hospitalization of drug users is a backward step, psychiatrist says.	June 6, 2019
	CC02	Thais Reis Oliveira	Senate passes Osmar Terra bill that toughens drug policy.	May 15, 2019
	CC03	Thessa Guimarães	A predicament.	June 14, 2019
G1 Política	G101	---	Bolsonaro signs law allowing involuntary hospitalization of drug addicts.	June 6, 2019
	G102	Gustavo Garcia	Senate may vote bill allowing involuntary hospitalization of drug addicts next Wednesday.	May 15, 2019
	G103	Gustavo Garcia	Senate passes bill authorizing involuntary hospitalization of drug addicts.	May 15, 2019
G1 Ciência e Saúde	G104	Elida Oliveira	Involuntary hospitalization of drug addicts stirs debate among experts; see analysis.	June 6, 2019
G1 Ceará	G105	Thatiany Nascimento	Ceará has an average 42 involuntarily hospitalized drug addicts.	June 8, 2019
G1 RJ	G106	---	Questions and answers about hospitalization of homeless persons and drug addicts by the City of Rio.	August 5, 2019
G1 SP	G107	Tahiane Stochero	After new Drug Law, São Paulo City Hall evaluates involuntary hospitalization of drug addicts.	June 6, 2019
G1 JN	G108	---	Senate passes bill authorizing involuntary hospitalization of drug addicts.	May 16, 2019

## Overview of news reports

We notice that the websites exhibit three distinct positions on the subject. The R7 news reports, for example, take the content of the normative document at face value, not questioning it or contextualizing it in the backdrop of psychiatric reform. On the contrary, one of the reports presents only arguments in favor of involuntary hospitalization of drug users, a possible response after the voting of Law N. 13.840/2019 (Brazil, 2019).

“The law of involuntary hospitalization was passed recently. [Rio de Janeiro] is the first capital that calls on us and is willing to face this issue. We have a drug epidemic, a violence epidemic, and if we do not act in an integrated way and without rushing it to solve this in the medium to long term, we will not get anywhere,” the minister said. [...] According to the mayor of Rio, numbers verified by the city’s expert teams, there are approximately ten thousand chronic drug users in the city, and a few hundred of them would require involuntary medical care, with

hospitalization in vacancies in the city's healthcare system. (Platonow, 2019)<sup>2</sup>

The reports by Carta Capital and The Intercept Brasil criticize harshly the provisions of Law N. 13.840/2019 (Brazil, 2019), as was to be expected from the progressive position of both websites. The NRs by G1 present comments from several experts - politicians or health professionals - on the content of the law. They present reservations to the measures adopted, but the contextualization of what is at stake regarding the changes in psychosocial care for people with needs arising from the use of alcohol and other drugs is shallow.

The new law turns the therapeutic communities into protagonists in delivering care for drug users, expanding the amount of public funding they receive. [...] In practice, because many cities lack the services of the [psychosocial care] network, the therapeutic communities have established as the only choice of treatment. (Levy; Ferraz, 2019)

Although the text states that involuntary hospitalization only happens after the decision is formalized by a doctor in charge, experts understand that the law sets a dangerous precedent. [...] The expert understands that it is a backward step to see involuntary mass hospitalization as a drug policy strategy in Brazil. [...] For him, the way forward is to continue expanding the network of open services that can perform hospitalization, for example the CAPS (Psychosocial Care Centers). (Brazil, 2019)

[...] "it does not consider the experiences of mental healthcare, which have scientific proof, based on the monitoring of evaluation of indicators, which show that the psychosocial care network existing today, the NAPS, the CAPS, the use of an integrated

work between various actions of social assistance, education and health, are the most effective instrument". (Garcia, 2019)

According to assessment by the representative of the Brazilian Drug Policy Platform, the investment in the psychosocial motivational approach, which is opposed to involuntary hospitalization, is a more time-consuming process and it fails to produce immediate results in most cases, therefore it is not the focus of the current policy. (Nascimento, 2019)<sup>3</sup>

One of the R7 NRs describes what the devices say about involuntary hospitalization, while the other attempts to justify the content of the devices by rationalizing it, as it addresses an initiative by the City of Rio de Janeiro for involuntary hospitalization of "drug users". The assumption for the argument is that there is a "drug epidemic" associated with a "violence epidemic", therefore the initiative aims to "help provide a solution", otherwise "if someone tries to prevent us from doing it, they will be responsible for what will happen next". Therefore, at no time is there a criticism or an alternative to what the law proposes.

The NRs by Carta Capital vary in terms of the emphasis placed on dramatization strategies of the event or the denunciation of power (Charaudeau, 2019). We notice a discourse that attempts to rouse the feelings of its target audience by accentuating the differences between the government and opposition groups, also by associating the actions of the former with totalitarian governments:

[...] Bolsonaro's government, in its irrational fundamentalism, loathes the objectivity of data, the concreteness of reality and the opinions of the groups concerned [...] In the government's newspeak, 'therapeutic community' means the opposite of what it should: real contemporary concentration camps [...] No hearts can forget the savage necropolitics of Bolsonaro's government, no

<sup>2</sup> Free translation.

<sup>3</sup> Free translation.

one can... Seven heads must fall against the dystopia of a psychopathic government. (Guimarães, 2019)<sup>4</sup>

Using this strategy is understandable since, from a commercial perspective, the media needs to attract readers and, in order to do this, it produces a discourse aimed at a specific audience conceived as the ideal reader. However, the reader's interpretation may differ from the idealized intention, and the accentuated dramatization may result in the credibility of the media being called into question (Charaudeau, 2019).

Another NR by Carta Capital uses both the terms “involuntary hospitalization” and “compulsory hospitalization”. Considering that the NR itself describes the difference between the types of hospitalization, and then refers to involuntary hospitalization between quotation marks, we can conclude that this is another way of stressing the authoritarian nature of that measure. The statement “paves the way for forced hospitalization of substance addicts” (Oliveira, 2019) corroborates the conclusion. However, it is inaccurate to assert that under the new model of involuntary hospitalization, it is enough to have the authorization given by a next of kin or, in the lack thereof, a healthcare worker”.

There is, however, one NR by Carta Capital that presents information about the context of the voting of the bill that originated Law N. 13.840/2019 (Brazil, 2019). It criticizes the adoption of “involuntary mass hospitalization” (Basilio, 2019) and the lack of scientific evidence to support the new policy. It should be noted that Carta Capital is the only news website that mentions psychosocial care centers (CAPS) as a treatment alternative to TCs and hospitalization.

The G1 NRs have a wider diversity of positions, which may be explained by the larger number of articles. A supposedly neutral position can be noted in the NRs by G1, with examples of analyses which fail to present alternatives to involuntary hospitalization and criticism focused on how the policy will be implemented, rather than involuntary hospitalization itself. The “unsaid” becomes even

more relevant in the NRs by G1 precisely because the author's position is openly stated. There is also the attempt to approach the subject from the points of view of several experts with diverging opinions. Therefore, we notice that there is reference to many discursive orders in the argument, both for and against involuntary hospitalization. Finally, a conceptual inaccuracy was identified in most NRs regarding the use of the terms “drug user” and “drug addict”.

The search in The Intercept Brazil (TIB) resulted in only one NR. However, the construction of this text presents important elements regarding both the propagation of the information and the contextualization of the law. For example, we notice a clear critical stance toward the law. It shows the actors involved in passing the law - presenting the rewards that may explain their engagement - and reveals the change in the care system and how the TCs benefit from a weak Psychosocial Care Network (RAPS). It highlights that the interests of the actors involved are primarily “private and economic” and accuses the federal government of being conniving about the abuse committed by some TCs. The choice of words stresses the menacing tone expressed by the law. In addition, the NR provides an element of key importance to understanding the context in which the bill was passed.

All of the news websites had NRs with incomplete information about the context of the voting of Law N. 13.840 / 2019 (Brazil, 2019) and its impact on the delivery of healthcare for people with needs arising from the use of alcohol and other drugs. Thus, it can be said that the news reports from the different websites complement each other.

### **Context of Production of Law N. 13.840/2019**

Bill 7.663 / 2010, which resulted in Law N. 13.840/2019 (Brazil, 2019), was introduced to the House of Representatives in 2010, two months after the decree to launch the Plan Against Crack Cocaine was signed. The plan was regarded as a threat to how the psychiatric reform was proceeding (Guimarães;

<sup>4</sup> Free translation.

Rosa, 2019). The bill was passed in 2013 and sent to the Senate in late May of the same year, a few days before the beginning of the month that became known for a series of street demonstrations that had an impact on the country’s political situation (Khamis, 2016), as shown in Chart 3. As the “bill went through the House of Representatives, many suggestions to alter it were presented” (Garcia, 2019). The bill was passed in 2019 under the imminent threat of “a possible decriminalization of drug possession by the Supreme Court” (Levy; Ferraz, 2019). According to one of the Senators interviewed in the NR by G1, the vote was scheduled to take place on June 5, the day when the law was approved. The same NR says that, according to another representative, any changes to the bill, however positive, would force House to take a another vote, which would delay the new rules coming into effect.

**Chart 3 - summary of the processing of Bill 7.663 / 2010 in the House of Representatives**

Setting the context for Bill 7.663/2010	
July 14, 2010	Bill 7.663/2010 is introduced to the House floor by Representative Osmar Terra (PMDB - RS).
August 6, 2010	The Bill is referred to the following committees for review: Social Security and Family, Public Security and Fight Against Organized Crime, Finance and Taxation, and Constitution, Justice and Citizenship.
December 2, 2010	The Committee for Social Security and Family votes in favor of Bill 7.663/2010.
January, 2011	Bill 7.663/2010 is archived in accordance with Article 105 of Congress Internal Regulations.
February 3, 2011	Representative Osmar Terra submits request to reopen the bill.
February 15, 2011	Bill 7.663/2010 is reopened.
June 8, 2011	The chair of the Committee for Social Security and Family presents his report.
June 15, 2011	The CSSF chair’s report is approved.

continue...

**Chart 3 – Continuação**

Setting the context for Bill 7.663/2010	
June 16, 2011	The bill is referred to the Committee for Public Security and Fight Against Organized Crime (CSPCO).
September 14, 2011	The chair of the CSPCO presents his report.
December 11, 2012	The chair’s report is approved unanimously.
December 17, 2012	The bill is referred to the Coordination of Permanent Committees.
May 28, 2013	The House of Representatives passes the bill and it goes to the Senate.
May 17, 2019	The bill is sent for presidential approval without changes at Senate.
June 5, 2019	The bill is signed into Ordinary Law 13.840/2019, with partial vetoes.

Source: Brasil (2010).

The swift approval of the bill is highlighted by expressions such as “rushed through”, as it resulted from an alliance of the evangelical caucus in Congress. Despite the attempt to justify the swiftness on account of the “the gain for society”, one can notice that the rationale suggests an interest in secondary gains as “the law animates the ‘army’ dedicated to fighting drugs” and “strengthens therapeutic communities - in general, anti-drug clinics connected to religious groups [...]” (Levy; Ferraz, 2019).

[...] three articles, nine paragraphs and 124 lines detail the new ways of funding therapeutic clinics. And a total of zero articles, paragraphs or lines address mechanisms of supervision or evaluation of the treatments offered. That is, a number of benefits are granted to therapeutic communities without a regulatory framework being created for this type of clinic. [...] The law does not address in detail the quality criteria for the provision of therapeutic services. (Levy; Ferraz, 2019).

The NR asserts in clear terms that the swift approval of the bill was motivated by the interest of a specific group. Furthermore, it represents



a change in the way healthcare is conceived in comparison to the previous policy, because “SUS guidelines had until then recommended hospitalization in this type of clinic as a last resort, first encouraging that users be monitored by the Psychosocial Care Network.” (Levy; Ferraz, 2019). Therefore, we see a relationship between the expansion of TCs and the weakening of the Psychosocial Care Network:

It is not a coincidence that the representatives of the ‘religious clinics’ celebrated the approval the most. The new law makes the therapeutic communities protagonists in delivering care for drug users, expanding the amount of public funding they receive. [...] In practice, because many cities lack the services of the psychosocial care network, the therapeutic communities have established themselves as the only choice of treatment. (Levy; Ferraz, 2019).

The fragile state of the RAPS is not new in the literature of the field. Despite the reduction in hospital admissions and the comprehensive reach of substitute services, we note that the opening of new psychiatric beds in general hospitals was not followed by the closure of asylums and the coverage of CAPS - particularly in the categories of Child-Youth and alcohol and other drugs - it is still insufficient, combined with a context of underfunding of the Unified Health System (SUS) and loss of workers’ rights (Braga; Farinha, 2018; Clementino et al., 2019; Macedo et al., 2017).

Thus, the context presented by NR for the approval of Law N. 13.840/2019 (Brazil, 2019) corroborates studies describing a national situation of opposition to the MRPB (Brazilian Movement for Psychiatric Reform) which intensifies in 2015, with management changes in the National Mental Health Policy (PNSM) to suit political agreements, a period that saw the beginning of fractions in the federal government and, subsequently, the process of impeachment. Emphasis is given to Ordinance N. 3.588/2017, signed after the impeachment, which increased funding for psychiatric beds and therapeutic communities to the detriment of Psychosocial

Care Centers for Alcohol and Other Drugs, CAPSad (Guimarães; Rosa, 2019; Nunes et al., 2019). Thus, it is inferred that the deterioration of RAPS is not an accident; instead, it is prosecuted by private economic interests of specific groups with sufficient representation and articulation powers to successfully urge the bill through Congress.

### **Hegemony in drug discourse**

We note that the discourse of the NRs sides with the prevailing position in the drug policy context, although they express agreement with elements that oppose the prohibitionist logic. This apparent paradox emerges from the clash between the prevailing model and the resistance, at a historical moment in which counter-resistance has progressively gained more space in the federal context.

Historically, the prohibitionist model has been the prevailing perspective in the drug policy field, considering the historical process of production of such normative documents on this issue both internationally and in Brazil, as well as their contemporary influence (Carneiro, 2018; Fiore, 2012; Vargas; Campos, 2019). However, resistance to the prohibitionist model gained ground in Brazil at the start of the 21st century with the psychiatric reform. We highlight the standardization of a different approach, although not normalized, to users, addicts and traffickers, the creation and expansion of community-based territorial services as an alternative to hospitalization and the adoption of harm reduction strategies (Braga; Farinha, 2018; Brazil, 2002, 2004, 2005; Clementino et al., 2019; Macedo et al., 2017).

Nevertheless, prohibitionism has remained in drug policies and social practices, with gradual strengthening of public funding for therapeutic communities and increased investment in outpatient clinics or hospital beds in place of CAPSad. The situation becomes worse with the highlight of involuntary hospitalization and abstinence in new normative documents on drugs (Delgado, 2019; Guimarães; Rosa, 2019; Nunes et al., 2019). It was in this context that Law N. 13.840 / 2019 (Brazil, 2019) was proposed and approved.

The diffuse criticism of the law can be seen in the position of several experts presented in a G1 NR, collected in the following excerpt:

The biggest risk is that we are signaling to society that there is a simple solution to this. [...] We are not against hospitalization. In some situations, it is essential and important [...] we will see more and more actions taking place in drug areas to hospitalize users. What we criticize is the perfect marriage of the two actions: the deprivation of drugs and freedom. [...] American studies show that if you have harm reduction strategies, where you tolerate the individual having relapses, in the medium term the abstinence rate is twice as high. [...] the change in Brazil's National Drug Policy, which adopts a punitive and prohibitionist approach instead of measures that prioritize harm reduction and a focus on public health and human rights [...] The law dismantles the entire psychosocial network of the SUS to prioritize the therapeutic communities, 90% of which are run by religious groups without healthcare professionals. (Oliveira, 2019)

Thus, we notice that the criticism of the law concerns the adoption of a “punitive and prohibitionist approach,” prioritizing abstinence over harm reduction and TCs instead of the “SUS psychosocial network,” trivializing involuntary hospitalization and signaling the possibility of a simple solution to a complex problem. However, such criticism is believed to be mere concessions granted by the hegemonic powers with the goal of creating consensus, because the reference to RAPS is shallow, unlike the approach taken by Carta Capital and The Intercept Brasil. Thus, the NR by G1 attempts primarily to take a different stance from the government, especially with regard to coercive measures, but it fails to present the alternative to the prohibitionist model.

We notice that, in the context of drug policies, the news reports related to drug users and/or drug consumption have had repercussions in how this phenomenon is dealt with. For example, a review of the knowledge produced about *crack* cocaine in theses and dissertations shows that the speed with which the topic began to be approached in

postgraduate courses can be explained by the media coverage of the increase in substance consumption (Rodrigues et al., 2012). However, we argue that the media coverage of crack cocaine has also contributed to escalating measures for repression, hospitalization, stigmatization and exclusion of drug users. This happens because the discourse has been more in tune with Public Security than healthcare policies, naturalizing relations between *crack* cocaine and crime, violence and risky sexual behavior, exploring an alarmist tone and a scenario of social hysteria. It was amid this sentiment of sensationalism that the idea of a “crack cocaine epidemic” was created, because the term is not backed by any scientific studies (Bentes, 2017; Cunda; Silva, 2014; Nappo; Sanchez; Ribeiro, 2012; Pasquim; Oliveira; Soares, 2020).

The increased production of drug policies (Bentes, 2017) and the media coverage (Alves; Pereira, 2019) on issues related to this subject throughout the election period is noticeable. The drug issue is implicated in the construction of a hegemonic order inasmuch as it urges the making of alliances and consensus. The visibility and sensitivity over the drug issue in society place it as a relevant agenda in the exercise of politics, albeit instrumentalized to obtain votes and/or funding for the healthcare and safety ministries (Nappo; Sanchez; Ribeiro, 2012). However, the same reasons are used to explain the inertia of politicians in failing to propose alternatives to prohibitionism in the drug policy debate (Fiore, 2012).

The campaign against crack cocaine, driven by the media discourse, has increased the tension between the prohibitionist and the anti-prohibitionist paradigms in Brazil's healthcare policy for drugs in the twenty-first century (Teixeira et al., 2017). Thus, we argue that the political strategies for dealing with the phenomenon of crack cocaine have strengthened the pro-hospitalization movement (Cunda; Silva, 2014) to the point that the Plan Against Crack Cocaine, launched in 2010, has been considered as a relevant milestone for understanding the reinstatement of asylums, which has grown in recent years (Guimarães; Rosa, 2019). Known as public opinion, the press influences national drug policies. Hence, the sensationalist approach to the subject to cater for commercial purposes is a

serious problem (Araujo, 2017). We notice that the exploitation of fear continues to be used to justify repressive and authoritarian measures, considering that the discourse propagates the existence of a supposed “drug epidemic”.

It is worth remembering the intersection between the campaign to fight *crack* cocaine by taking more repressive measures, the introduction of Bill 7.663/2010 and the country’s political situation in the period from 2010 to 2019. The bill was introduced to the chamber in 2010, the same year in which the Plan Against Crack Cocaine was voted, and sent to the Senate in 2013, the same year - albeit a month earlier - as the demonstrations that impacted the country’s political context. Still, the bill was tabled until 2019, when it was quickly approved, as described earlier. Therefore, we argue that the voting of Bill 7.663/2010 into Law N. 13.840/2019 (Brazil, 2019) became possible in this specific context of political change in the country.

## Final considerations

The media discourse informs the general population about developments in public policy, since reading normative documents themselves is not a usual practice. In the context of drug policies, we notice the influence of news reports that exploit the fear associated with drug consumption in decisions that favor prohibitionist policies endorsing repressive and authoritarian measures. Thus, the media discourse should not ignore the complexity of drug consumption as a phenomenon involving economic, political and social issues.

The analysis of the NRs through the three-dimensional model of Fairclough (2013) allowed us to get to know elements of the context in which Law N. 13.840/2019 (Brazil, 2019) was passed, such as the year in which the bill was introduced, the process through Congress, the actors engaged in passing the bill and positions of the bill’s author and supporters. Thus, the understanding of the discursive and social practice of the law in question was broadened, which contributes to a safer critical position on the effects of the document on drug policy. Thus, we suggest that this be taken into account for a critical analysis of normative documents. In addition, we believe that

new studies can further enlighten the discussion about the voting of Law N. 13.840 / 2019 (Brazil, 2019) and the changes in national politics.

Although we found NRs that criticize Law N. 13.840/2019 (Brazil, 2019), it should be noted that some do not present clear alternatives to the prohibitionist position, while others use rhetorical arguments that undermine the debate about drug policy in civil society by using strategies that can damage the credibility of the news outlets where they were published.

A challenge found while conducting the research was the lack of a more specific search tool in mass news websites, which may have hindered the selection of documentary sources for the research. We assume that a more systematic and longitudinal study of NRs related to the drug issue, involving more news websites, may contribute to further understanding of discursive changes in the drug policy debate.

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### Authors' contributions

Montenegro and Brillante contributed to the design of the study, analysis and interpretation of the data, writing of the article and approval of the published version. Munguba contributed the critical review and approval of the published version.

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