

Mothers of crack users: gender and agency in treatment for chemical dependence*

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Abstract

This article presents part of the results of the ethnographic research that followed families of crack users from 2013 to 2017. The text seeks to describe dilemmas and management of mothers regarding what is offered to them as a treatment for their children's chemical dependence. Based on the events experienced, the actions taken concerning the various proposed therapies, and the family narratives, this article seeks to follow the paths chosen by the interlocutors and addresses the experiences of mothers in the Recomeço Program, the drug policy platform of the State of São Paulo.

Keywords: Crack Users, Gender, Public Policy, Recomeço Program, Therapeutic Community.

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In 2013, in the downtown of the city of São Paulo, religious entities, families, and, in particular, mothers, walked among the crack users with photos or with an ID card, waking people who slept covered, asking for information. A movement of mothers walking around the region to find their children and take them to treatment. Mostly black women who came from the outskirts of São Paulo. At the door of the Reference Center for Alcohol, Tobacco and Other Drugs (CRATOD), hundreds of these women mixed with users or formed lines waiting for care, some with children on the streets, others with children at home. These mothers emerged as important political actors. Circulating the region, through the streets of downtown São Paulo, they formed a crowd, united by the hope of service and care for their family members involved in the intensive use of crack. Their presence drew attention to social problems and demanded solutions. On that day, there was a promise of hospitalization of their children: that was the solution offered days before by the governor of São Paulo.

In late January 2013, then Governor Geraldo Alckmin gave interviews on an open television network to talk about the actions of the Recomeço Program – the device that his government chose to face the challenges of intensive crack use (Adorno, 2016). The main discussion was the hospitalization of users and the debates focused on compulsory hospitalization. Alckmin pointed out the complexity of the issue, but also stated that the measures taken by his administration would finally solve the problem of crack in São Paulo. It was in search of solutions that the mothers went to CRATOD.

Soon after this public presence of the mothers, impressed by the force of such an interpellation, we were on our way to the Marsillac neighborhood to visit one of these women: Rebeca, mother of eight children. The neighborhood is located 60 kilometers away from the city center of São Paulo, on trips of up to three hours by public transport. It is the district of São Paulo that most presents homicides among young people and it is among the 10 worst HDI. The history of housing for the family that came from Minas Gerais tells a whole movement between rent, occupations, and finally getting a one-room house on the mother's land. A small house with a bathroom, very little furniture, because one of the children had sold the few furniture and utensils to consume crack stones. Eight people lived there and, that day, Marlon – the son for whom Rebeca demanded care – was sleeping on the floor with his head covered with a sweatshirt.

The stories of Rebeca and the women who were in front of CRATOD, far from being something isolated, showed the transitions between “personal pain and collective causes; between suffering and rights; between different forms and dimensions of mourning, here taken as an inextricably individual and social process” (Vianna; Farias, 2011:83). Despite the strength of these women's interpellation, we have not found a literature on the mothers of intensive crack users¹. Mainly, we did not find ethnographies with mothers of crack users or even research that followed them for a long period.

This article falls within that gap. Aiming to present the paths of mothers in search of treatment, based on a four-year ethnography, we focus our analysis and attention on Rebeca, one of our interlocutors, whose experience we believe speaks something about the mothers who emerged in the course of ethnography and, broadly, from mothers of children who are intensive crack users. We will then describe the day-to-day deal with her child's crack use, the negotiations with Government Programs, and strategies and agency forms. This procedure could lead us to verify how the mothers of crack users question the specialists, signaling fears and lapses in the devices intended to care.

¹ Several researchers in the social sciences sought to understand the context of crack, generating a fruitful bibliography that addresses topics such as: vulnerability (Da Silva; Adorno, 2013); pacification and repression of crack users (Adorno, 2016; Rui, 2012); crack uses and consumptions (Adorno et al., 2014; McRae; Tavares; Nuñez, 2013; Raupp; Adorno, 2015; Rui, 2014c); urban territories in Cracolândia (Adorno, 2013); paths and space practices (Fromm, 2017; Kowarick; Frugoli, 2016; Rui, 2014a, 2014b); processes of becoming a user and the emergence of the noia (term to describe crack users, derived from “paranoia”) (Alves, 2017; Frúgoli; Spaggiari, 2013; Gomes; Adorno, 2011; Malheiros, 2012), among others. Some studies deal with the relationship between families and crack, mostly directed to the following axes: experience of mothers of adolescent crack users (Magalhães et al., 2013); crack use among pregnant women and the effects of crack in babies born to user mothers (Camargo; Martins, 2014).

The context

As we said, in 2013, the government of the state of São Paulo instituted the Recomeço Program, which proposes recovering drug users, mainly from crack, offering multiprofessional monitoring to users and their families. For this purpose, it develops actions of social street approach, outpatient treatment in a Psychosocial Care Center for Alcohol and other Drugs (CAPS Ad), social reception in therapeutic communities (CTs), hospitalizations in hospitals with psychiatric wards, and social reintegration for users who remain abstainer after treatment². The Recomeço Program has a partnership with the Secretariats of Social Development, Health, Justice and Defense of Citizenship and Employment, and Labor Relations. It also establishes an agreement with the Public Ministry, the Court of Justice, and the Order of Attorneys of Brazil. These bodies provide services at the Reference Center for Alcohol Tobacco and Other Drugs (CRATOD), the headquarters of the Program, and when extreme cases of chemical dependency arise, they decide whether the user is voluntarily or compulsorily hospitalized.

We conducted the ethnographic research from 2013 to 2017. Through participant observation and interviews, during the first year, we monitored the actions and practices of professionals in the Recomeço Program on a daily basis. We systematically observed the work routines of professionals, in various departments of the Program, witnessing actions such as the approaches of drug users on the streets of Cracolândia; reception groups at the headquarters of the Recomeço Program (CRATOD); and family assistance, in the Space for Welcoming and Strengthening of Family Bonds (EAFVF).

From the experience narrated at the beginning of this article – the public questioning of women at CRATOD –, we started to follow mothers of intensive crack users, turning to their concerns and their questions. Ethnographic activity seeks precisely to identify the questions of our interlocutors, instead of seeking answers to our own. Then, driven by the ethnographic experience, in 2014, we aimed to accompany the mothers of crack users who sought treatment for their children. We shifted our gaze from drug policy to how mothers dealt with their children's crack use and how they addressed the Recomeço Program itself. Seeking to learn about the management and elaboration of these women, during the fieldwork we invested in the creation of a relationship not only linked to the use of substances, but also, and above all, to the issues of daily and personal life. We direct our research to their stories, languages, concepts, and theories (Das, 2007). We tried to apprehend what were their formulations about time; which categories they elaborated; which theories about forms of relationship, always following the dramas relating to the use of crack. Anyway, we sought to understand their knowledge practices.

Throughout the ethnography, we mainly followed four mothers and their families, who sought treatment for chemical dependence in the Recomeço Program. We had mothers as main interlocutors. In all families, the stories were repeated: the biological fathers had left the home and the children were taken care of by their mothers³. In these cases, care is gendered, since the social division of labor makes care a women's task; the woman is constructed as responsible for the care of others and for family obligations (Hirata; Debert, 2016). Later on, we will complexify this gendered character and the forms of agency of mothers – either before the state, or in their stories that speak somewhat about the dilemmas of being a mother with a father's absence on the outskirts of São Paulo⁴; but we anticipate that we seek to deal with the concept of gender in an analytical and critical way regarding the approaches that mechanically associate women, femininity, and motherhood.

² State anti-drug policy, through programs such as those analyzed in this article, is inserted in a social dispute over the format and direction of public policies in Brazil today – as explored in Miskolci and Pereira (2019).

³ This brings questions that we will not be able to address in this article, such as the masculinity models that circulate there. On masculinity, among a vast and prolific bibliography, see Connell (1995); Connell and Messerschmidt (2013), and Miskolci (2017).

⁴ The perspective of this article also converges with the criticisms of the sex/gender system developed since the 1980s. We are inspired by reflections on the concept of gender by theorists such as Joan W. Scott and Judith Butler, who emphasize their historical, relational, and cultural character.

In this article, we will introduce Rebeca, one of the four mothers. The choice was made because she was the one with which we established a more intense and intimate relationship and, above all, because her story represents well the dilemmas of the mothers of crack users. The main actors are the mother, Rebeca, and the son, Marlon. We followed the moment when the mother welcomed the son for the first time, in a therapeutic community associated with the Recomeço Program, we approached her daily life, at home with her children, and the conflicts in the neighborhood, the searches for the son, and the search for care in different health services. We will describe a little of this story.

Next, we will briefly present the functioning of the Program within CRATOD. We will outline the treatment flows for drug addiction, offered by the state of São Paulo, and then return to the story of Rebeca and Marlon.

The Recomeço Program

At the CRATOD outpatient clinic, it was possible to understand the flow of the Recomeço Program, from the approach of crack users on the streets to their reception in CTs. In Recomeço, crack users are met in Cracolândia and referred to CRATOD. Other users come from home, from the outskirts, few of them accompanied by family members. At the building entrance, they undergo screening (registration with history of use and number of hospitalizations). When intoxicated, the user is seen by a nurse or doctor, to verify if they are in condition to participate in the reception group.

The groups are distributed at three times of the day. The activity is coordinated by professionals – social workers, psychologists, occupational therapists, doctors – hired by the agreement between the Recomeço Program and the São Paulo Association for the Development of Medicine (SPDM). Approximately twenty crack users (men and women) summarize their history of use and experienced hospitalizations in five minutes. From these brief narratives, professionals decide where to refer them. Group participants are sent for outpatient follow-up at CAPS Ad, CRATOD, or their home territory; social reception in CTs or hospitalizations in hospitals affiliated with the Program; or, still, for a new medical evaluation.

The reception group is the gateway to the Recomeço Program. A psychiatrist, an occupational therapist, and a psychologist, the latter generally remaining silent during the groups, were meeting dozens of drug users. One morning, before the group started, we met the outpatient ward, the department where crack users left for the CTs. There were thirty users, mostly men, all in uniform (in pajamas), lying on stretchers and sofas. Apparently, everyone was, as the psychologist said, “high,” that is, intoxicated with psychiatric drugs.

In the groups, the doctor and the occupational therapist alternated coordination. The psychiatrist asked users to speak. Then, when users left, she passed on her impressions to others, closed their conduct, authorized crack users to enter, and informed them about the next steps of treatment. The occupational therapist started the groups, remembering that everyone there was sick, that chemical dependency had no cure, as it is a chronic disease that affects morale and self-esteem. He warned that, to “treat this disease,” there were two ways: outpatient with medicines and hospitalization or spiritual treatment, in CTs. The occupational therapist, on several occasions, called crack users in all groups “manipulators, liars, and cynics”; he said that all “drug addicts” are like that.

The referrals were decided in a type of quick checklist. The CTs received crack users who were working or who had worked, who studied (usually the highest level of schooling was the 6th grade of elementary school) or were expected to return to the family, and who were not yet committing robberies in a violent way. Users with a clinical picture compromised by substance use were taken to hospitals. Users who underwent several hospitalizations and relapsed were referred to CAPS Ad.

Mothers appeared mainly in this space, always looking for treatment for their children. They were then directed to the Space for Reception and Strengthening of Family Bonds (EFVF) – a service aimed at serving the families of crack users, carried out by a multidisciplinary team (social workers and psychologists), a partnership between the Social Organization and the Secretariat of Social Development (SEDS). With the end of this agreement, mothers began to be met exclusively

by Recomeço Família, the state Program of assistance to families, which conducts psychological and religious counseling at the Citizenship Integration Centers (CICs) and which has in its work team a psychologist and a religious advisor from the Social Organization Federation of Demanding Love – a Catholic institution active in the Brazilian fight against drugs, spreading total abstinence to any type of user (sporadic, abusive, and dependent).

As we have already said, in this phase of the research, in 2014, our eyes were directed to the mothers of crack users. Then, at the end of the reception groups, we went to the waiting room of the ward to observe the mothers. In one of those moments, Rebeca expected to be called by a CRATOD technician. Asleep beside her was her son Marlon, thin, disheveled, with secretions in his eyes, nose, and mouth. Wearing slippers, Marlon nodded, slowly opening his eyes. Rebeca then said that her son would be hospitalized for using crack. She believed that, after admission, things would return to “normal.”

In early July 2014, Rebeca was optimistic about the treatment. At her home in the Marsillac neighborhood, she was excited about Marlon’s withdrawal from crack. The mother guaranteed that her son would recover. But as the months went by, these conversations changed their tones and that feeling also changed. However, Rebeca, during the year and a half in which we have known each other, never “lost her faith” to see her son “healthy as before.” In the next section, we will present Rebeca and her dilemmas with the use of crack by her son Marlon, who experienced a path of treatment together. We will describe and analyze the relationships between mother, son, health and social institutions, and the search for treatment for chemical dependency.

Rebeca and Marlon

Rebeca is a 38-year-old black woman, born in Belo Horizonte, Minas Gerais. She lives with her mother Maria (60), her stepfather Moisés (68), her brothers, and her eight children. The family resides in the Marsillac neighborhood, south zone of the city of São Paulo. Marlon is a young black man who stopped studying in elementary school. He is son of Rebeca, who was then 17 to 18 years old, when she worked in a factory, and Zeca, the bus ticket collector of the bus that Rebeca used daily. Zeca was older, married, and did not accept the pregnancy. Rebeca decided not to keep in touch. Until the end of the research, in 2017, Marlon had not met his biological father.

The Marsillac district, on the edge of the South Zone of São Paulo, is one of the furthest points from the city center, and its residents need to travel up to three hours to seek a leisure option in another region. Marsillac has no cinema, theater, cultural center, museum, or sports area. The district also had the highest number of homicides per 10,000 inhabitants and the highest death rate among young people aged 14 to 29 in 2014.

Her children grew up in the neighborhood like the other from the region, with the street as their backyard. The learning and difficulties were given at the limit of a mother who leaves early to work and returns at night, and the children who have to learn to live on the street and take care of themselves. According to Rebeca herself, raising children alone also generates a type of abandonment that children have to deal with: children are raised “loose,” but close to the “dangers of the street in a violent neighborhood like mine.” Having no father, “the mother has to provide and has to be out; mothers leave early and return at night.” In these conditions, “one brother raises the other and they are on the street all day.”

As already noted, the Marsillac neighborhood does not have public entertainment facilities and educational facilities are scarce. In this context, Rebeca’s children invented actions within their means. For example, Marlon’s 15-year-old brother, Neguinho, was a “cool” guy who “just wanted to dance and date.” He did not study, did not work, and spent the day on the street. On the street, he is “summoned” all the time: “It’s in the bakery, bar, arcade, and video game.” There, Neguinho and friends from the neighborhood created alternative funk scenes. Young people want to “look cool in an outfit,” put on colorful sneakers, “even if it’s from Paraguay.” To obtain their objects of desire, some end up getting involved with fraud, thefts, and traffic itself. That was how another brother of Marlon ended up being arrested. One needs money and one have to find ways to get it. The dream is to go to a funk party and buy drinks for everyone, to “pop.”

However, Marlon did not follow this path. When he stopped studying, the time on the street increased. His relationship with his mother was conflicting. In the case of Marlon – shy than his brothers and wanting to meet his father, asking for care that his mother could not provide –, the situation generated a type of rejection that produced a rebellion that fell on Rebeca, with scenes of disobedience and confrontation. At the same time, a great bond was established between mother and son. Something about this story produced a son who is dependent on his mother, but with conflicts – a paradoxical relationship with strong consequences in his life story.

In the period when his older brother was first arrested for theft, Marlon started using crack. He was the closest brother, but different from Marlon, who was shy, introspective, and more vulnerable. Marlon then turns intensely to crack. As time went by, for the brothers, he became “messed up.” Months later, the shy boy was dirty and loose in the corners of the house.

Rebeca told us that, before, he used alcohol, tobacco, and marijuana, but he had control. She guaranteed that, even with the use of marijuana, her son remained well, but with crack it was different. Evidently, this reading is post-crack: Rebeca builds a different discourse on drugs with each experience she goes through.

“What changed after crack?,” we asked. Rebeca then went on to tell the story of her family, since when, as a child, she left Minas Gerais, with her mother and stepfather, to work in São Paulo. She told of the difficulties she went through. And suddenly she remembered: “I was pregnant, desperate with the children. And working, working a lot with cleaning. I saw that Marlon was different. I thought it was an age thing. Because the boys in the house that I take care of also play up.” But Marlon answered rudely to everything that was asked and started to accuse her of working too much. One morning, leaving for work, Rebeca saw her son smoking crack on the street. “When I saw it, I didn’t believe it, my ground opened up,” she said emotionally.

With crack, Marlon, who was “a sweet boy,” became aggressive, as Rebeca described: “he’s a pig, walks in his underwear around the house, doesn’t go to school, doesn’t work, doesn’t respect his family. He breaks objects, attacks the children, threatens the adults. He doesn’t feel like doing anything else.”⁵ With the intensification in crack use, he lost weight and started to steal inside and outside the home. He took money, a bicycle, food, shoes, pots, cleaning supplies, in short, everything, even the door of the house, to be exchanged for crack. He became violent, especially towards his mother, who became afraid of her own son.

Marlon once said: “[I smoke] as many [crack stones] as there are – those who like to smoke, smoke all day.” Rebeca’s son had become, to use an expression we developed, a radical crack user. The term “radical use” defines the relationship of each user, with their life history and the substance. It is the meeting of many, but mainly, each singularity, with crack (McRae; Tavares; Nuñez, 2013; Malheiros, 2012).

Rebeca spent the whole research period saving money. She was building another room in her house, which at the time had “a bedroom and a bathroom.” Slowly, she would built her house, as if building a refuge for her own people. The house was the materialized family itself. She believed that, if her children had more physical space, they would have more quality of life. And that this could “bring Marlon’s health back. [...] I am doing everything to get more space, but it seems that my son does not understand my struggle, he takes everything away from home, disappears with everything.” The house is, therefore, a private space for Rebeca (an experience that extends to all mothers we met), a place-event – places or objects that manifest themselves as actions (Borges, 2004:11). The daily work of building the house was also a search for treatment, a form of well-being.

There was then a relationship between mother and son: the continuous search to clean the house, to make small and possible reforms, contrasted with the daily dilapidation of the house, to become a crack stone. Marlon sold pots, sofa, accessories, cleaning products, food. He even sold the

⁵ We could draw a parallel with Maria Filomena Gregori’s approach (2000: 156) about street children. According to her, the boys are “usually very affectionate,” and this affection is sometimes manifested in more aggressive bodily approaches. There is also, in the family of Rebeca, something of transit between street, house, and institutions, as analyzed by Gregori. Evidently, crack accentuates aggressiveness and circulation, making it sometimes impossible to live in the same space as the family.

house door – an action that moved in the opposite direction to Rebeca’s and caused suffering. In the mother’s reading, such actions constituted requests for help. Something needed to be done and it was beyond her capacity. And these actions and Rebeca’s daily conduct create forms of agency that are not always evident, which we will talk about in the next section.

Forms of agency

The notion of agency, in a very general and synthetic way, attributes to actors the ability to process social experience and to outline ways of facing life, even under the most extreme forms of coercion. Thus, within the limits of each actor in their uncertainties, their existing physical, normative, or political-economic restrictions, social actors, as knowledge holders, seek to solve problems and learn how to intervene in the flow of social events (Long; Van Der Ploeg, 1994).

Perhaps, one of the first forms of agency is that of the mothers’ public presence, circulating through the Cracolândia region, through the streets of downtown São Paulo, interpellating the state. As already mentioned, these mothers, collectively occupying the public space to claim the possibility of life for their children, lead us to imagine certain gender dynamics. Unlike the case of Vianna and Farias (2011), who analyze the struggle of mothers who had their children murdered, in the crack dilemma, mothers act not to lose their children and aim to “save them from drugs”; however, in both cases, an intense relationship between personal and collective, feeling and law, rights and affectivity persists (Vianna; Farias, 2011:83).

In fighting for their children and their families, the mothers of crack users assume a political leadership and become capable of symbolically encompassing other(s) who fight against the harmful effects of crack consumption. Thus, they talk about “a political insurgency defined in close connections with the constructions – always in process – of gender” (Vianna; Farias, 2011:93). As they move around, they highlight and speak for a domestic dimension that is continually challenged and even undone by their children’s intensive crack consumption. Mothers, then, also interpellate the feminine that supplants their individual bodies, as they bear the mark of significance of the relationships that have broken. In the same way as the mothers analyzed by Vianna and Farias (2011), crack mothers take “the ‘home’ to the protest scene, through what would be their symbolic ‘exemplary center’: motherhood itself” (Vianna; Farias, 2011:93). Thus, the plots of political and moral accusations can only be made in close connection with the gender grammar that is embodied in the mother-child dyad.

This type of interpellation puts in place a grammar that orders, qualifies, and gives concrete form to conflicting processes that, in various ways, include the State, in what Vianna and Lowenkron (2017) called elements of the “double doing” of gender and State. In addition, in bringing domestic distress to public arenas, mothers and family members face this other dimension of politics and gender: their children are treated and perceived as vulnerable victims without agency that must be protected by the State, or placed under suspicion (as we will analyze later). The mothers move among these views and forms of action⁶.

However, there are also forms of agency that do not fit into what is generally thought of as an “agency” that we would like to highlight, closely related to the action of mothers before the state, as described above. For example, as Das (2007) pointed out in *Life and Words*, notions such as patience and passion are more linked to passivity than to agency (agency here thought of as “resistance”). The agency of subalternized groups is perceived within the canonical status of resistance and this obscures the relationship between critical events and daily life (Das; Poole, 2006). There is, then, a separation between the notion of agency and that of resistance, because agency is not just a synonym of resistance to relations of domination (Mahmood, 2006). Das (2007) elucidated a way of dealing with violence that is detached from heroic resistance models, such as those perceived in the classic Antigone model.

⁶ In a similar sense, but addressing mothers who had their children taken away, “orphan mothers” who emerge between the alleged vulnerability and lack of protective capacity, Ariana Oliveira Alves (2020) explores the grammar of rights and gender that produces management, control, and categorization of mothers. On forms of life management, see Padovani (2016).

Unlike Antigone, agency is not in the heroic and the extraordinary, but in the descent into daily life, in the daily preparation of food, in the arrangement and organization of tasks, in the care and persistent cultivation of family relationships. These are everyday actions that make it possible to create a reparation discourse. By juxtaposing the “less dramatic” mode of speech used by Asha with Antigone’s speech, Das suggests that women like Asha occupied a different zone when descending into everyday life instead of ascending to a “higher plane” (Das, 2007; 2010). If in both cases we perceive women as witnesses – in the sense of being within the framework of events and being affected by them –, Asha talks about the daily zone, occupying the signs of the wounds that affected her and establishing continuity in the space of devastation (Pereira, 2010).

As we said, Rebeca builds living spaces, builds and rebuilds her house, takes care of cleaning as well as of the bodies of her family members, and produces health. However, she also takes her son, a radical crack user, to the front of CRATOD and challenges the services with her presence, with her questions, in a story that is still ongoing.

That was how, realizing that her actions were not getting results and with Marlon’s constant thefts, Rebeca started calling the police to restrain her son. The police beat him, beat him until he shut up. With the accumulation of calls, the police stopped going, because they recognized that they could not “do anything.” The police beatings had no effect. Rebeca assumed that she also hit Marlon hard and that she even tied him in the room with ropes. “It didn’t solve the problem,” concluded Rebeca. That was how they sought treatment at CRATOD.

The family attended CRATOD for six months, before the first reception in CT. On an occasion when she went to CRATOD, Rebeca took the machete that Marlon hid on the slab, to prove that she was in danger. “I said: guys, I’m coming [here] to get help!” However, her son was not admitted, and she was told to remove him from the house and go to the woman’s police station to make a police report. Rebeca hold that her son was “sick, needing help.”

Rebeca continued to seek support. After stealing a bicycle, and even though the mother paid for the loss, drug dealers beat up Marlon. The mother intervened and then said: “if I wasn’t there, they would have killed him.” As can be seen, the mother ends up being summoned to the universe of crack users: she has to talk to drug dealers, health professionals, and neighborhood. The construction and cleaning of the house as a form of well-being had to stop and Rebeca entered another universe.

The bicycle theft event caused fear in Marlon, who decided to “hospitalize for the first time” via CRATOD. The young man, as he reported, “was high for three days, three days in a row without sleeping, without eating, without drinking, with nothing, nothing in his stomach, eating nothing.” Still, he managed to negotiate his trip with his mother. First he smoked a cigarette, then asked for another. “But I’m not going [to the hospital] without smoking my last stone,” said the son to his mother. Rebeca gave in, gave him the money. Marlon smoked a stone. “Patience is needed,” Rebeca repeated over and over, as if in a song.

The next morning, they went to CRATOD. The mother did not know if she would get a place at the CT, after all, her request was not granted the other times she sought “hospitalization.” However, this was the first time that Marlon had agreed to the hospitalization. In the formulation of Rebeca, which is evangelic, Marlon (who claimed not to be interested in religion) had said “yes, not to me, nor to the Recomeço [Program], but to God.” It was Thursday. This time, the case was defined for social care in the CT, but there was no immediate vacancy, and the Program team asked the family to return the next day. Marlon did not want to return, thus, new negotiations and, again, intense use of crack. Finally, Marlon was transported to the Therapeutic Community Nova Conquista, located in the municipality of Itapeçerica da Serra.

CT professionals determined that the hospitalization time for Marlon would be six months, with the possibility of him staying for another three, completing nine months under treatment. Rebeca was demanded to attend the visiting day and the meeting day, both on Sundays. On these occasions, there were conversations between the relatives of the patients, who were mostly mothers. Before lunch, CT professionals gave lectures. On the day of the meeting, mothers and children saw little each other. According to Rebeca, “families spend all the time devising strategies to deal with their children, because just hearing that they are going out makes us apprehensive, afraid.”

However, Rebeca found these meeting spaces to be positive and considered that she learned a lot, as there she exchanged knowledge with mothers who had already hospitalized their children before.

After a month hospitalized in the CT, Marlon could visit the family at his house. For this, the CT demanded that someone authorized, preferably a family member, should pick him up and then take him. As always, Rebeca picked her son up. But, as everything went as expected by CT professionals, from the second month on, Marlon was able to go home alone, fortnightly. He would leave on Friday afternoon and return on Monday morning. These visits were called “ressu” – a term used to abbreviate “resocialization to society.”

Marlon remained in the CT for five months. He reported that, when he entered, he was willing to stay for six months, “for mom.” Staying at the CT was not easy. In the third month he wanted to leave, because “the desire to use drugs was too much.” Marlon really liked the friendships he made at the CT, but he did not adapt to the rules (schedules, forms of relationship, hygiene rules). With the remedies given to him, he “got heavy, almost asleep.” Even so, he woke up early, mowed the grass, cleaned the house, listened and read “every day the twelve steps to stay clean.” During his stay at the CT, there was no referral to return to studies, redo new documents. There was only a hint of work for Marlon at the CT itself, which made his eyes shine at first.

The days passed until an episode occurred, causing Marlon to leave the CT and, consequently, caused the treatment proposed by the Recomeço Program to be abandoned. Rebeca narrated the story very moved. According to her, on the return of a “ressu,” two other boys who were also hospitalized at the CT were “playing with Marlon.” The point was that, according to them, “drugs entered the CT.” They suggested that Marlon had entered the CT with marijuana and that he had “used drugs in there.” The CT coordinators overheard the conversation and, supported by Marlon’s tired appearance, called him in for a chat. Rebeca confirmed that Marlon had a busy weekend, went to church, took a gully out of the yard at her request – another step towards building and improving her home. With the activity, Marlon got tired. He woke up at 5 am to return to the CT and seemed to not have slept.

Marlon insisted on not having used any substance, that he “was clean for five months.” Inside the CT, he remained quiet during the day, but being observed. It bothered him. At bedtime, the CT coordination called him in the “little room.” The CT professionals’ approach was as follows: “did you use drugs? Tell us what you did. Didn’t you even use a little pot? crack?” They insisted. Marlon denied it. The professionals demanded that an urine test, otherwise they would call the police. Marlon replied: “I didn’t use bro! Call my mom, talk to her there to see if I used it bro. I didn’t get home drugged, bro, I couldn’t use it.” The professionals remained intent on doing the urine test. Marlon reacted: “I want to see you make me take the test! Are you [pointing to one of the coordinators at the CT] going to make me? I want to see.” The professionals called Rebeca, who asked her son to calm down. She begged for patience, from the professionals and from Marlon. It was no use. Marlon decided to leave the CT and abandon treatment. Rebeca, narrating what happened, hold that, for a person to get out of the situation where her son was, it was necessary “a vote of confidence. And the CT professionals did not give it.”

Possibly, many issues determined the exit, beyond the aforementioned mistrust. Perhaps Marlon was closer to the movements of comings and goings, circulation, mobility between worlds considered to be distant and incompatible: that of the house, that of the street, and that of the institution, which Maria Filomena Gregori (2000) addresses. In any case, days after this episode, Marlon returned to making radical use of crack. He had his “honor” questioned. As we know, honor is inseparable from masculinity, and Marlon’s personal history is marked by his father’s absence and his refusal to recognize/follow maternal discipline. The young man, who accepted treatment “for God” and later “for mom,” tried to follow the rules of the CT, building himself up as a man who arrived – despite the setbacks of addiction – to adult life. Marlon, having his (male) “honor” questioned, forgoes treatment in a movement to refuse suspicion about his manhood. At the same time, this refusal weakens him and takes him back to use.

A black teenager in a vulnerable family context and in a community in which not having a father does not have a positive meaning, Marlon’s chemical dependence may be understandable as a possible attempt to face his personal and social weaknesses. It is worth thinking how the use of

drugs is not necessarily seen as frailty in a man and can even be proof of his masculinity, as it implies the ability to withstand pain, malaise, side effects. Radical dependence, however, marginalizes, and the way of leaving the drug sought by the CTs tends to be masculinizing/ennobling, based on discipline, honor, honesty.

Since returning from the CT, Marlon has been stealing more frequently and from neighbors even closer to the family. He went back to urinating and defecating in his backyard. And he intensified the threats directed at his mother, who was trying to convince him to “hospitalize” again. Rebeca always said that the son needed help, but that he could be dead, after all he has been through. “God is having mercy on his life,” she concluded. Rebeca’s language mobilizes concepts such as mercy, patience, and resilience. These concepts are forms of knowledge and action. Thus, the language of the Recomeço Program and that of Rebeca were not the same: one, discussing rules and procedures, but based on moralism and suspicions; the other, acting through concepts such as trust, patience, and mercy, as we will see in more detail later. In any case, Rebeca was persistent in her quest to support her son, after all, “patience was needed.” If time work is used (expressed in concepts such as patience), the conceptual limits, as stated by Das and Poole (2004), are extended and remade in the interpellations and to ensure daily life, as we will see below.

Interpellations

It seems that this story tells something about the ways in which women from the outskirts of São Paulo, with children who are crack users, live in contexts crossed by pedagogical and disciplinary forces and about how their forms of agency challenge CRATOD, government policies for drugs, the Recomeço Program, and, above all, the role of CT morals (Lemões, 2015). Let us follow Rebeca’s dilemmas a little more.

In everyday life, Rebeca produced forms of care. Seeking to be attentive to her son’s body and needs, she learned from her son’s actions his greater or lesser ties to crack. For example, regarding the son’s use of alcohol, tobacco, and marijuana, which preceded the radical use of crack, Rebeca captured Marlon’s control of his own use. She noticed that the son’s relationship with these substances was sporadic. She understood that crack was used by him daily, causing her to recognize her son as sick, with “a type of disease.” The use of crack made him aggressive, and that was the warning sign for her, mother and, therefore, woman, possible object of physical aggression.

In her daily work, Rebeca cried out for patience and trust. She insisted that patience was what she needed to be able to take care of her son. “I wish patience. I have faith that I will be able to see my son as he was before, a handsome man.” Rebeca knows how to use time work to her advantage. We learned from her that certain actors do not fit into what is generally thought of as an “agency” (Das, 2007). Notions such as patience and resilience – such as those shown throughout Rebeca’s journey – are more linked to passivity than to resistance. Rebeca, however, shook up the preestablished models of resistance or, at least, presented other possibilities of thinking about them, showing other forms of agency that distance themselves from heroic resistance models.

For Rebeca, the daily life articulates the relationships between passivity and agency. In the construction and cleaning of the house, in visits to her son, in endless negotiations (with drug dealers, with government spheres), in waiting – patience allows daily activities to act in the son’s well-being. “Patience” is, then, a way of dealing with time. Time works, has an agency, and is essential to make a dramatic situation like Marlon’s bearable. Patience is a form of time work. Dealing with time is rebuilding relationships to return to inhabiting the world (Das, 2008). But Rebeca also demands from institutions, negotiates, requests, requires.

She negotiated hospitalization with Marlon and, seeking treatment for her son, translating his dramatic movements, succeeded. From then on, the monitoring offered by the Recomeço Program produced changes in her son’s behavior. However, in the first episode in which a conduct question was instituted, with pressure from CT professionals, Marlon abandoned the treatment.

There is, therefore, a conflict between the rules of the institution, between an administrative or legal language, in search of the truth, and another language that speaks about patience and trust. Between professionals who seem to stick to norms and the use of crack, and the mother, who speaks of patience and trust. But, if these norms are used, paradoxically, the position seems to

denounce a certain morality against drugs and against any consumption. Rebeca's language challenged the professionals at Recomeço: both the ineffectiveness or violence of certain norms and the underlying moralism of the professionals. This interpellation showed that this language matters to politics, as the categories through which (and with which) it operates show how power shapes the surface of the body and the worlds. It also suggests how women challenge these powers (Ahmed, 2004), asking questions, questioning, signaling absences and mismatches.

CT professionals were not close to the language that Marlon and Rebeca were developing in the hospitalization process. They were unable to approach or understand the family's actions. There is a lack of knowledge of the deprivation context, and the CT seems to call for a solution focused on willpower, individual decision. The logic is honesty/dishonesty. And Marlon, a poor teenager from the outskirts, tends to be seen with suspicion even when he follows the rules. Hence his reaction to being questioned, which in his eyes can be seen as uprightness of character and, in the eyes of management, proof of his fault.

The result is that in this asymmetric confrontation, the relapse is seen as making treatment unfeasible, which rests – at least in part and even without being explicit – in a rigid moral grammar. CT workers, searching for substances, demanded the truth, acting as investigators. They did what they had been instructed to do, with the intention of caring (that is, it is a policy and not merely individual options of authoritarian people).

During treatment, Rebeca attended the meetings; at home, she watched her son. Rebeca insisted: “you have to be patient... trust is everything.” CT workers were unable to understand when Marlon, threatened by mistrust, requested his mother's participation: for him, to cry out for his mother was to show, to unveil himself and to summon the very sign of trust. Rebeca, whenever called by institutions and requested by her son, presented herself as responsible.

Throughout her son's treatment, Rebeca repeatedly heard CRATOD professionals argue that relapse did not point to failure, but to learning. In the heat of the discussion narrated above about her son, Rebeca asked the professionals at Recomeço: “what difference does it make if Marlon used marijuana or not, if you told me that relapse is part of the treatment path?” The mother also asked: “would tests and threats be ways of taking care of my child?” The mother sought to access the program's own logic, trying to mediate the languages. It was thus that she inquired whether the type of interrogative action performed by the CT and the strict choice for abstinence desired by the Recomeço Program were producing forms of care that considered what was said by the child and by herself.

If relapse is expected, she repeated, patience is needed. Mother and son questioned the professionals and signaled fears and lapses regarding the devices that were intended to provide care. In these inquiries, in these managements, in the conflicts between languages, one can observe how the State captures and, at the same time, what people manage to do with this subjection (Quiros, 2004).

Final notes

Rebeca and Marlon confront public policies and their devices. History shows how marginalized people challenge institutions (CRATOD, CTs), creating forms of agency that mix resistance, waiting, notions of time, ways of dealing with space, and statements to those working in government programs.

Rebeca's actions do not deny the importance of Programs for crack users. They rather seek different forms of treatment and care. In this process, they challenge these policies and programs in their demands for respect, recognition and dignity, through a language that operates with other concepts and through forms of agency that imply other temporalities.

That is how the exclusive focus on the prohibition of drug use in treatment, the requirement of abstinence, and the mistrust manifested are faced with Rebeca's actions – an evangelical mother, whose experience ended up making her more understandable regarding her son's use of alcohol, tobacco, and marijuana, and who operates through a language with categories such as patience and trust. This story talks about a type of listening and approximation that promotes ways of living together and spaces for building relationships, even though noises and dissonances persist.

Even before conflict, there is a search for care, not a rupture or withdrawal. Rebeca tries all the ways at her disposal: taking care of the house, cleaning it, being patient, learning from the facts, questioning professionals, going to CRATOD. She wants to hospitalize him, but at the same time accepts certain consumptions. This is not a simple story of “harm reduction” versus “prohibition and abstinence,” as it often seems to emerge in certain debates. Rebeca seeks to articulate any forms of care that may have an effect and that welcome her son.

The problem is the way in which abstinence was “demanded” from Marlon. Abstinence as a means was accepted by both mother and Marlon. The suspicion that he had broken the abstinence led to conflict. This experience can reveal to us that, possibly, the problem is the CT moralism and not abstinence. Without moral vigilance, a suspected relapse (or even a relapse) would not have ended the way the story of Rebeca and Marlon ended. The confrontation between Marlon and the institution was, above all, moral.

Here we can suppose the existence of a moral suspicion concerning the people of the popular classes: there is always greater social suspicion that a black boy from the outskirts will be dishonest, that he will not follow the rules and have a relapse. In the end, after this moral economy anchored in suspicions arising from precepts and racial grammar, perhaps we can conclude that the goal of the therapeutic community was not to remove Marlon from drugs, but to build moral rectitude.

The narrated experience challenges the drug policy itself, making us ask: how to elaborate public policies that consider these movements and bodies that use or receive the impact of radical crack use? If we think about the density of these conflicts, these stories of frayed lives, the forms of reception that arise, should we not ask ourselves if it is not the time to think about other treatment models, other therapies? Wouldn't it be an opportunity to think about means of prevention more suited to the social and family reality of these people? We are unable to definitively answer these questions, but we know that the answers cannot be imagined in the absence of people like Rebeca and Marlon.

References

- ADORNO, Rubens de Camargo Ferreira. A pacificação dos usos públicos do crack e a repressão aos usuários: notas a partir de etnografia na região central de São Paulo. In: LABATE, Beatriz Caiuby et al. (org.). *Drogas, Políticas Públicas e Consumidores*. Campinas, SP, Mercado de Letras, 2016, pp.117-204.
- ADORNO, Rubens de Camargo Ferreira et al. Amarga delícia: Experiências de consumo de crack na região central de São Paulo (BR). *Revista Inter-Legere*, 15, 2014, pp.87-109.
- ADORNO, Rubens de Camargo Ferreira et al. Etnografia da cracolândia: notas sobre uma pesquisa em território urbano. *Saúde & Transformação Social/Health & Social Change*, 4(2), 2013, pp.04-13.
- AHMED, Sara. *The cultural politics of emotion*. New York, Routledge, 2004.
- ALVES, Ygor Diego Delgado. *Jamais fomos zumbis: contexto social e craqueiros na cidade de São Paulo*. Salvador, EDUFBA/CETAD, 2017.
- ALVES, Ygor Diego Delgado; Pereira, Pedro Paulo Gomes. Uma antropologia do fluxo: reflexões sobre dependência no contexto do crack. *Interthesis*, 16, 2019, pp.121-142.
- ALVES, Ygor Diego Delgado; Pereira, Pedro Paulo Gomes. A controvérsia em torno da internação involuntária de usuários de crack. *Sociedade e Estado*, 34, 2019, pp.513-538.
- BORGES, Antonadia. *Tempo de Brasília: etnografando lugares-eventos da política* Rio de Janeiro, Relume Dumará, 2004.
- CAMARGO, Paola de Oliveira; MARTINS, Mari de Fátima Duarte. Os efeitos do crack na gestação e nos bebês nascidos de mães usuárias: Uma revisão bibliográfica. *Cadernos Brasileiros de Terapia Ocupacional*, UFSCar, São Carlos, 2014, 22 (Suplemento Especial), pp.173-181.
- CONNELL, Raewyn. *Masculinities*. Cambridge, Polity Press; Sydney, Allen & Unwin; Berkeley, University of California Press, 1995.
- CONNELL, Raewyn.; MESSERSCHMIDT, James. Masculinidade hegemônica: Repensando o conceito. *Revista Estudos Feministas* 21(1), 2013, pp.241-282.

- DA SILVA, Selma Lima; ADORNO, Rubens de Camargo Ferreira. A etnografia e o trânsito das vulnerabilidades em territórios de resistências, registros, narrativas e reflexões a partir da Cracolândia. *Saúde & Transformação Social/Health & Social Change*, 4(2), 2013, pp.21-31.
- DAS, Veena. O ato de testemunhar: violência, gênero e subjetividade. *cadernos pagu* (37). Campinas-SP, Núcleo de Estudos de Gênero-Pagu/Unicamp, 2011, pp.9-41.
- DAS, Veena. *Life and Words. Violence and the Descent into the Ordinary*. Berkeley, University of California Press, 2007.
- DAS, Veena; POOLE, Deborah. (ed.). *Anthropology in the margins of the State*. New Delhi, Oxford University Press, 2004.
- FROMM, Deborah. Percursos e refúgios urbanos. Notas sobre a circulação de usuários de crack pela trama institucional da Cracolândia de São Paulo. *Ponto Urbe. Revista do núcleo de antropologia urbana da USP*, 21, 2017, pp.1-16.
- FRÚGOLI Jr, Heitor; SPAGGIARI, Enrico. Da cracolândia aos nórias: percursos etnográficos no bairro da Luz. *Ponto Urbe. Revista do núcleo de antropologia urbana da USP*, 2013, pp.1-25.
- GOMES, Bruno Ramos; ADORNO, Rubens de Camargo Ferreira. Tornar-se “nória”: trajetória e sofrimento social nos “usos de crack” no centro de São Paulo. *Etnografia*, 15 (3), 2011.
- GREGORI, Maria Filomena. *Viração: experiências de meninos de rua*. São Paulo, Companhia das Letras, 2000.
- KOWARICK, Lúcio; FRUGOLI Jr, Heitor. (org). *Pluralidade Urbana em São Paulo: vulnerabilidade, marginalidade, ativismos sociais*. São Paulo, Ed. 34/Fapesp, 2016, pp.225-248.
- LABATE, Beatriz Caiuby et al. (org.). *Drogas, Políticas Públicas e Consumidores*. Campinas, SP, Mercado de Letras, 2016, pp.117-204.
- LEMÕES, Tiago. O sangue das ruas. Sobre agência e normatividade na mobilização política da população em situação de rua. *Cadernos de campo*, 24, São Paulo, 2015, pp.315-336.
- LONG, Norman; VAN DER PLOEG, Jan Douwe. Heterogeneity, Actor and Structure: Towards a Reconstitution of the Concept of Structure. In: LONG, Norman. *Development Sociology: Actor perspectives*. Routledge, London, 2001 [1994], pp.62-89.
- MAGALHÃES, Juliana Macedo et al. Vivência de mães de adolescentes usuários de crack. *Revista Interdisciplinar*, 6(3), 2013, pp.89-96.
- MAHMOOD, Saba. Teoria feminista, agência e sujeito liberatório: algumas reflexões sobre o revivalismo islâmico no Egito. *Etnográfica*, 10 (1), 2006, pp.121-158.
- MALHEIROS, Luana Silva Bastos. Tornando-se um usuário de crack. In: NERY FILHO, Antonio. et al. *As drogas na contemporaneidade: perspectivas clínicas e culturais*. Salvador, EDUFBA, 2012, pp.79-100.
- McRAE, Edward; TAVARES, Luis Roberto; NUÑES, Maria Eugênia. *Crack: contextos, padrões e propósitos de uso*. Salvador, EDUFBA, 2013, pp.154-227.
- MISKOLCI, Richard. Desejos digitais: uma análise sociológica da busca por parceiros online. Belo Horizonte, Autêntica, 2017.
- MISKOLCI, Richard; PEREIRA, Pedro Paulo Gomes. Educação e Saúde em disputa: movimentos anti-igualitários e políticas públicas. *Interface* (Online), 23, Botucatu-SP, 2019, pp.1-12.
- OLIVEIRA ALVES, Ariana. “Quem tem direito a querer ter/ser mãe?”: dinâmicas entre gestão, instâncias estatais e ação política em Belo Horizonte (MG), Dissertação (Mestrado em Antropologia Social), Universidade Estadual de Campinas, UNICAMP 2020.
- PADOVANI, Natália Corazza. Detalhe ou dispositivo de gestão da vida? Breves reflexões sobre gênero e processos de estado. *BOLETIM DO IBCCRIM* (282), 2016, pp.s/n-s/n.
- PEREIRA, Pedro Paulo Gomes. Violência, gênero e cotidiano: o trabalho de Veena Das. *cadernos pagu* (35), Campinas-SP, Núcleo de Estudos de Gênero-Pagu/Unicamp, 2010, pp.357-369.
- QUIROS, Julieta. Tempo de Brasília: etnografando lugares-eventos da política. *Mana* [online], 10(2), 2004, pp.415-418.

- RAUPP, Luciane Marques; ADORNO, Rubens de Camargo Ferreira. Jovens em situação de rua e usos de crack: um estudo etnográfico em duas cidades. *Revista Brasileira Adolescência e Conflitualidade*, 4, 2015, pp 52-67.
- RUI, Taniele. Usos da “Luz” e da “cracolândia”: etnografia de práticas espaciais. *Saúde e Sociedade*, 23(1), 2014a, pp.91-104.
- RUI, Taniele. A cidade, desde as cracolândias. *Novos Debates. Fórum de debates em Antropologia (ABA)*. 2014b; 1:52-57.
- RUI, Taniele. *Nas tramas do crack: etnografia da abjeção*. São Paulo, Terceiro Nome, 2014c.
- RUI, Taniele. Vigiar e cuidar: notas sobre a atuação estatal na “cracolândia”. *Revista Brasileira de Segurança Pública*, 6(2), 2012, pp.336-351.
- VIANNA, Adriana; LOWENKRON, Laura. O duplo fazer do gênero e do Estado: interconexões, materialidades e linguagens. *cadernos pagu* (51), Campinas-SP, Núcleo de Estudos de Gênero-Pagu/Unicamp 2017, e175101.
- VIANNA, Adriana. Violência, Estado e Gênero: considerações sobre corpos e corpus entrecruzados. In: SOUZA LIMA, Antônio Carlos de; GARCIA-ACOSTA, Virginia (org.). *Margens da violência*. Subsídios ao estudo do problema da violência nos contextos mexicanos e Brasileiros. Brasília, ABA, 2014, pp.209-237.
- VIANNA, Adriana; FARIAS, Juliana. A guerra das mães: do e política em situações de violência institucional. *cadernos pagu* (37), Campinas-SP, Núcleo de Estudos de Gênero-Pagu/Unicamp, 2011, pp.79-116.