

HARM REDUCTION: AN ALTERNATIVE TO THE FAILURE OF THE WAR ON DRUGS

Marjorie Ester Dias Maciel¹, Divane de Vargas²

¹RN. Doctoral student in Nursing. Fátima do Sul-MS-Brazil.

²RN. Ph.D in Sciences. Professor of the University of São Paulo. São Paulo-SP-Brazil.

ABSTRACT: This article aims to undertake a reflection on the Harm Reduction model in drug use as opposed to the 'war on drugs' model. Through analysis of texts which discuss the topic, it is ascertained that Harm Reduction, although it arose in the early years of the last century in the United Kingdom, was only consolidated as a health strategy for drug users with the advent of the HIV/AIDS epidemic in the beginning of the 1980s, related to the use of injectable drugs, with its actions being focused on syringe exchange. However, at the present time its perspective of minimizing harm in other situations of drug use has expanded, and it is now configured as a more viable alternative in the light of the confirmed failure of the hegemonic model of the war on drugs.

DESCRIPTORS: Harm reduction; Illicit drugs; Public health.

REDUÇÃO DE DANOS: UMA ALTERNATIVA AO FRACASSO NO COMBATE ÀS DROGAS

REDUCCIÓN DE DAÑOS: UNA ALTERNATIVA AL FRACASO EN EL COMBATE A LAS DROGAS

RESUMO: Esse artigo tem como objetivo realizar uma reflexão sobre o modelo de Redução de danos no uso de drogas em contraposição ao modelo de guerra às drogas. Através de análise de textos que versam sobre o assunto, verifica-se que a Redução de danos, embora tenha surgido no começo do século passado na Inglaterra, só se concretizou como estratégia de saúde para usuários de drogas com o advento da epidemia de HIV/AIDS no início da década de 80 do século passado, relacionada ao uso de drogas injetáveis, ficando suas ações focadas na troca de seringas. No entanto, nos dias atuais ela expandiu a sua perspectiva de minimização de danos em outras situações de uso de drogas, configurando-se como uma alternativa mais viável em face à confirmada falência do modelo hegemônico de guerra às drogas.

DESCRITORES: Redução do dano; Drogas ilícitas; Saúde pública.

RESUMEN: Este artículo tuvo la finalidad de realizar una reflexión sobre el modelo de Reducción de daños en el uso de drogas en contraposición al modelo de guerra a las drogas. A través de análisis de textos acerca del asunto, se puede verificar que la Reducción de daños, a pesar de surgir en el comienzo del siglo pasado en Inglaterra, solo se concretizó como estrategia de salud para usuarios de drogas con la epidemia de HIV/SIDA en el inicio de la década de 80 del siglo pasado, referente al uso de drogas inyectable, quedándose sus acciones direccionadas al cambio de jeringas. Sin embargo, en los días actuales, ella se expandió a su perspectiva de minimización de daños en otras situaciones de uso de drogas, configurándose como una alternativa más viable delante de la cierta falencia del modelo hegemónico de guerra a las drogas.

DESCRIPTORES: Reducción del daño; Drogas ilícitas; Salud pública.

Corresponding author:

Marjorie Ester Dias Maciel
Faculdade de Administração de Fátima do Sul
Rua Ten. Antonio João, 800 - 79700-000 - Fátima do Sul-MS-Brasil
E-mail: marjorieester@yahoo.com.br

Received: 08/09/2014

Finalized: 30/11/2014

INTRODUCTION

Humanity has consumed drugs since ancient civilizations, which knew and used opium derivatives and drinks with alcoholic content⁽¹⁾. In these civilizations, the use of psychoactive substances had spiritual and cultural meaning, their consumption being restricted to specific occasions and in a moderate form, characterizing the expression of religiosity⁽²⁾.

However, the mode of consumption of drugs has undergone a transformation⁽²⁾. The reasons for this were changes introduced in society by the Industrial Revolution in the 18th century⁽³⁾, concomitantly with the creation of synthetic drugs such as, for example, cocaine, which became quite popular in the 19th century⁽⁴⁾.

As a result, with new psychoactive substances being available and capitalism becoming the hegemonic economic model, drugs became highly profitable products⁽⁴⁾, including the illicit drugs which gave rise to the trade in illegal drugs⁽⁵⁾. Alcohol and tobacco began to be produced on a large scale and, once available for sale, their use was encouraged by capitalist society, as the logic is unbridled consumption in order to generate profits.

In this context, drug dependency reached epidemic proportions, causing social disorders such as increasing criminality, the illegal drugs business, traffic accidents, marginalization and public health problems, due to the high incidence of sexually transmitted diseases and physical and mental health problems, among others⁽⁶⁻⁷⁾.

Due to this, the State, as the maintainer of the social order, instituted a policy of banning or of 'war on drugs', with zero tolerance for their consumption, making it a crime to sell certain drugs⁽⁸⁾. While, due to traditional consumption and economic interests, the consumption of alcohol and certain drugs (tobacco, coca leaves, Ayahuasca) is legal and tolerated, other drugs began to be ferociously combated⁽⁹⁾.

As a result, the prohibition of drugs influences public actions, as a consequence, the ideology of combat or "war on drugs" becomes dominant, and the drugs user comes to be seen as a criminal devoid of moral value, as a result of the consumption and carrying of drugs becoming a "case for the police"⁽⁹⁾.

In Public Health, the "war on drugs" model is

clear in the traditional educational campaigns with a coercive character⁽¹⁰⁾, which aim to disqualify the user and make use of slogans of the "Say no to drugs" type, the aim being to cause fear rather than to inform⁽¹¹⁾. The prohibitionist approach in public health, however, has only contributed to drive drugs users away from the health services, placing them in the condition of ill people or criminals⁽¹²⁻¹³⁾.

At the present time, the policy of "war on drugs" has been shown to be inefficient due to the increasing number of addicts. However, this model is hegemonic in Brazil⁽¹²⁾. In a declaration to a world-famous newspaper, the ex-president of Brazil and current president of the WHO's Global Commission on Drug Policy, Fernando Henrique Cardoso stated that the war on drugs had failed and that it was necessary to rethink a new policy in order to respond to this fact⁽¹⁴⁾.

In this context, recognizing that the total banning of drugs is socially unattainable, the Brazilian Ministry of Health, in its National Policy for Integral Attention to the User of Alcohol and Other Drugs, calls for a new way for dealing with drug use – Harm Reduction (HR)⁽¹³⁾.

This proposal intervenes in the problems related to drug use in a humanized way, without blaming, stigmatizing or criminalizing the drugs user; it understands the drug user not as an ill person, but as a subject inserted in a historical-social process, suffering influences from the environment and acting in a context of the offering and consumption of drugs as the other actions of the capitalist world stipulate⁽¹⁵⁾.

HR stipulates that as it is impossible to manage to interrupt the total consumption of drugs, those dependent on drugs must minimize the harm arising from the consumption⁽¹²⁾. In this way, the strategy of HR has gained a space for dealing with this issue, even though it is not free from risks to health.

Thus, because of the importance which HR represents in the current political setting, in dealing with the issue of drugs, this article aims to undertake a reflection on the Harm Reduction model in relation to drugs use.

HARM REDUCTION: HISTORY AND IMPLANTATION IN BRAZIL

The proposal of HR in relation to drugs users has been increasingly accepted in the public

health programs in the light of the failure of the prohibitionist ideology.

Although HR emerges in this scenario as something innovative, it is in fact old, as it arose in 1926 in England, with the Rolleston Report, when a group of doctors began to prescribe cocaine to addicts, as a result of understanding that in so doing, they would be monitoring the consumption of this substance, in the light of the addicts' inability to maintain abstinence⁽¹¹⁾.

This strategy remained ignored, until, in the 1980s, with the advent of the HIV/AIDS epidemic, it was re-started in Holland through the promotion of exchanging needles and syringes for users of injectable drugs, soon spreading across the whole of Europe and the world⁽¹³⁾.

In Brazil, HR began in 1989 in the city of Santos, in the State of São Paulo, when a service began to distribute syringes and needles to users of injectable drugs, due to the fact that 60% of individuals infected by the HIV virus were users of injectable drugs⁽¹⁵⁾.

This action, however, was prohibited by the Public Prosecutor's Office due to being interpreted as encouraging drug use. Because of this, HR began to be implanted in Brazil in the 1990s⁽¹⁶⁾. In this way, due to the predominance of the prohibitionist ideology, Brazil fell at least 10 years behind the European countries in relation to introducing HR.

It was only in 2002 that the Brazilian Ministry of Health officially introduced HR, through its implantation in the Psychosocial Care Centers – Alcohol and Drugs (CAPS-ad). In 2003 it confirmed HR as the principal axis for responding to the issue of drugs, in Brazil's National Policy for Integral Attention to the User of Alcohol and Other Drugs⁽¹⁷⁾.

In spite of this, the intensification of involuntary inpatient treatment of crack users, adopted by the government of the State of São Paulo in the beginning of the first decade of the second millennium, reaffirms the prohibitionist ideology in Brazil, as it regresses to the asylum model and perpetuates the cycle of social exclusion^(6,8).

CONCEPT AND ACTIVITIES OF HARM REDUCTION

There is no single concept of HR, as it encompasses concepts which are opposite to those linked to the prohibitionist paradigms such as: user versus ill person; use with harm reduction

versus prohibition; and, use versus crime⁽¹⁶⁾.

HR can be translated through postures, attitudes and practices whose objective is to contribute to changing social thinking regarding drugs, aiming for a state of affairs where people who use drugs should be respected regarding their rights, desires and needs, this thus being configured as an ethical proposal being consolidated as a social response to the production, sale and consumption of drugs and as an alternative in the field of public health⁽¹²⁾.

Going far beyond the simple exchanging of syringes and needles, HR encompasses other activities, such as the social inclusion of those who are marginalized by drug use, the teaching of self-care to drug addicts, education and health promotion, distribution of condoms to prevent sexually transmitted diseases, encouraging vaccination against Hepatitis B and Tetanus, accessing health actions and services, and advice for substituting heavy drugs with the less harmful ones, such as, for example, heroine with methadone, injectable cocaine with powder cocaine, powder cocaine with coca leaves, the use of marijuana or cocaine to overcome the craving for crack, and – in some cases – the reduction of consumption⁽¹¹⁾.

The HR activities also apply to licit drugs, such as, for example, the use of benzodiazepines for treatment of dependence on alcohol, the use of nicotine patches, electronic cigarettes and nicotine gum for treating smoking, and substitution of rolling tobacco with industrialized tobacco for smokers who do not want to stop using tobacco⁽¹⁷⁾.

All of these activities are practiced placing the citizen as the protagonist in the care for his or her health, respecting his or her choices, despite recognizing the risks to his or her health inherent in this choice⁽¹⁸⁾.

It is noteworthy that HR is not against abstinence from drugs; nevertheless, as this ideal is unattainable, it dialogues with the user another form of consumption – the least harmful possible which the user can achieve⁽¹³⁾.

FINAL CONSIDERATIONS

It is nowadays admitted that, as it is impossible for a drug-free society to exist, and that as the

hegemonic mode of combating drugs is unable to contain the individual and social harms caused by the harmful use of drugs and their impacts on public health, the policy of HR may be a viable alternative in care for the drug user.

Obviously, as a contra-hegemonic model, HR has confronted and still confronts barriers to being established and consolidated as a public health policy within the Brazilian state. However, HR has been given greater emphasis due to the social inclusion and improvement in the health situation of those who are on the margins of society due to drug use.

Therefore, it is concluded that the hegemonic model remains significantly ingrained in society and that the current scenario is of changes in the way of helping the drug user in care for his health. This being the case, HR represents an important role in this care and a major perspective for detecting alternatives for care in drug use, taking into account the reality present, and the actual possibilities for intervening in this process which is so detrimental to the human being.

REFERENCES

1. Peixoto C, Prado CHDO, Rodrigues CP, Cheda JND, Mota LBD, Veras AB. Impacto do perfil clínico e sociodemográfico na adesão ao tratamento de pacientes de um centro de atenção psicossocial a usuários de álcool e drogas (CAPSad). *J. bras. psiquiatr.* 2010;59(4):317-21.
2. Laranjeira R. Legalização de drogas e a saúde pública. *Cienc. saude colet.* 2010;15(3):621-631.
3. Soares CB, Campos CMS, Leite AS, Souza CLL. Juventude e consumo de drogas: oficinas de instrumentalização de trabalhadores de instituições sociais, na perspectiva da saúde coletiva. *Interface, Comun., Saúde, Educ.* 2009;13(28):189-99.
4. Fiore M. O lugar do Estado na questão das drogas: o paradigma proibicionista e as alternativas. *Novos estud. CEBRAP.* 2012;(92):9-21.
5. Garcia MLT, Leal FA. A política antidrogas brasileira: velhos dilemas. *Psicol. soc.* 2008;20(2):267-76.
6. Raupp L, Adorno RCF. Circuitos de uso de crack na região central da cidade de São Paulo (SP, Brasil). *Cienc. saude colet.* 2011;16(5):2613-22.
7. Sodelli M. A abordagem proibicionista em desconstrução: compreensão fenomenológica existencial do uso de drogas. *Cienc. saude colet.* 2010;15(3):637-44 .
8. Lima RCC, Tavares P. Desafios recentes às políticas sociais brasileiras sobre as drogas: enfrentamento ao crack e proibicionismo. *Argumentum.* 2013;4(2):6-23.
9. Santos JAT, Oliveira MLFO. Políticas públicas sobre álcool e outras drogas: breve resgate histórico. *J Nurs Health.* 2013;4(1): 82-9.
10. Maciel MED. Educação em saúde: conceitos e propósitos. *Cogitare enferm.* 2009;14(4):773-6.
11. Fonsêca CJB. Conhecendo a redução de danos enquanto uma proposta ética. *Psicologia & Saberes.* 2012;1(1):11-36.
12. Coelho HV. A atenção ao usuário de drogas na Atenção Básica: elementos do processo de trabalho em UBS [dissertação]. São Paulo (SP):Universidade de São Paulo; 2012.
13. Silva SM, Soares CB, Santos VE. An evaluation of the Harm Reducion Unit in Santo André City, São Paulo State, Brazil. *Social Medicine.* 2010; 5(3):161-7
14. Cardoso FHC. The war on drugs has failed. Now we need a more humane strategy. *The Observer.* [Internet] 2009. [acesso em 20 ago 2014]. Disponível: <http://www.guardian.co.uk/world/2009/sep/06/brazil-cardoso-war-drugs-decriminalisation>
15. Santos VE, Soares CB, Campos CMS. A produção científica internacional sobre redução de danos: uma análise comparativa entre MEDLINE e LILACS. *SMAD.* [Internet] 2012;8(1). [acesso em 30 ago 2014]. Disponível: <http://www2.eerp.usp.br/resmad/artigos/SMAD%20v8n1%20a07.pdf>
16. Andrade TM. Reflexões sobre políticas de drogas no Brasil. *Cienc. saude colet.* 2011;16(12):4665-74.
17. Nardi HC, Rigoni RQ. Mapeando programas de redução de danos da região metropolitana de Porto Alegre, Rio Grande do Sul, Brasil. *Cad. saude publica.* 2009;25(2):382-92.
18. Cruz MS. Redução de danos, prevenção e assistência. In: *Prevenção ao uso indevido de drogas: capacitação para conselheiros e lideranças comunitárias.* Brasília: Ministério da Justiça/SENAD; 2011, p.155-77.