

# **Substance Use, Public Policy and Harm Reduction**

*Social and Health Studies and Interventions*

Edited by

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Studies and Interventions

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This book first published 2024

Ethics International Press Ltd, UK

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

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Print Book ISBN: 978-1-80441-731-7

eBook ISBN: 978-1-80441-732-4

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# Introduction

Neuroscientist Carl Hart, in an interview with *Época* magazine, stated: “Drug addiction is the result of a sick world. Not the cause”. In his book, *‘High Price: A Neuroscientist’s Journey of Self-Discovery That Challenges Everything You Know About Drugs and Society’*, Hart (2014) exposes the inadequacy of scientific evidence and the ineffectiveness of much of the public policies regarding (we might say repression) psychoactive substance use, which generates harmful consequences, especially for vulnerable populations. It is a multifactorial issue subject to gross simplifications that negatively impact the lives of many people.

Many policymakers fail to recognize the complexity of human behavior. When it comes to drug use, prejudices, moral judgments, and completely distorted opinions emerge. There are also those who benefit from anti-scientific discourse, ignorance, and moral panic for their own gain, such as for funding projects, institutions, and policies that contradict scientific studies. Unfortunately, many of these distortions, beliefs, and unfounded stances are responsible for public policies and interventions that explicitly violate human rights through stigmatization and violent state actions.

In this book, it will be evident that the possibility of access to education, the promotion of alternative activities, the development of socio-emotional skills and competencies, the construction of life projects, the strengthening of bonds with family and community, the provision of opportunities, among other forms of intervention, are strategies that have proven to be more effective and, undoubtedly, are viable alternatives to inefficient punitive models. These actions, besides significantly reducing the probability of potential social and health risks associated with the use of psychoactive substances, also diminish the violations perpetrated by control agencies and their punitive models and promote the guarantee of fundamental human rights and, consequently, physical, psychological, and social well-being.

However, it is not the aim of this work to answer all the questions of the reading public and exhaust all possible discussions; that wouldn’t

even be possible given the complexity of the subject. In accordance with the fundamental principles of science, new research needs to be constantly conducted so that more evidence may indicate the best paths and alternatives for resolving issues that impact human life, such as potential problems related to drug consumption. This book is a small step towards that goal, bringing together researchers, educators, and activists who, in various ways, contribute to the search for effective actions. The intention is to provoke reflections and promote debates that enable the joint construction of proposals for a fairer and more supportive world.

*Editors*

## **Reference**

Hart, C. (2014). *Um preço muito alto: a jornada de um neurocientista que desafia nossa visão sobre as drogas*. Zahar.



# Foreword

Discussing topics as complex as issues related to substance use is an enormous challenge that begins with the very title of this book. For a subject so frequently debated and sometimes feared, it's crucial to be vigilant so that nothing is overlooked or remembered with exaggeration, as often happens.

It's this careful attention to detail that I felt in the creation of this book by its editors and which consequently was passed on by them to the authors. The sensitive approach is present on every page and chapter, gradually transforming something seemingly invisible and distant into something real, tangible, inviting to read, and instilling a desire for immediate action in the face of a topic that impacts us so deeply.

The scenario begins with experiences in society, recounting what history has constructed for the understanding of those who haven't had the same experiences as individuals in this challenging context of substance use, like a dive into the familiar yet, for most, a complete stranger.

After presenting the theme in its historical context, both past and present, the authors set out to discuss the current scenario, exploring the path of care in prevention that can be fostered both within the education setting and within the community itself, both contexts of great importance in prevention and care for this issue.

Next, the path taken leads toward regulation, but where the outcome seems to show the opposite, a tightening of control of that same need for regulation. Along this journey, the authors discuss the necessity of care for women who, incarcerated as a result of prohibitionist policies, are separated from the care they provide in their daily lives and suffer from the paradox of regulated control's rigidity. To illustrate another aspect of control without rigidity, they present a policy established in another country that had to deal with these same issues.

In conclusion, in the final chapters, the authors reclaim the nearly forgotten humanity in legislation directed towards a population that already

feels excluded even in their exclusion, aiming to restore the minimum to those who have the right, at the very least, to the basics: the right to live and be respected.

This meticulously executed endeavor, crafted by all who dedicated themselves to its realization, will provide its readers not only with information and enlightenment but also with the privilege of becoming active participants in the discourse. Each page integrates current knowledge and shared responsibility, serving as an invitation to proactive engagement—going beyond mere theoretical understanding. May all readers find value and inspiration within these pages.

*Yone G. Moura, MSc.*

# Preface – Harm Reduction as an Affirmation of Life: (De)Constructions on the Conceptions of Psychoactive Substance Use

*Richard A. Reichert*

At the moment I finished this book along with my fellow editors (Michel de Castro Marques, Maria Angélica Comis, Eroy Silva, M. Fátima Sudbrack, and Denise De Micheli), I also completed the reading of two recently released works: *'Politiques de l'Inimitié'* by Cameroonian philosopher and political scientist Achille Mbembe, and *'As Flores do Bem: a Ciência e a História da Libertação da Maconha'* [*The Flowers of Good: The Science and History of Marijuana Liberation*], in English] by Brazilian neuroscientist Sidarta Ribeiro. The former discusses an intensification of enmity on a global scale, in its multiple reconfigurations, particularly focusing on conflicts and war under the guise of conquest and occupation, terror, and counterinsurgency. The latter reflects on the processes of construction and deconstruction of conceptions, stigmas, and policies regarding psychoactive substances and those who use them for various purposes. Above all, it deals with liberation and thus the assurance of a fundamental human right: to live. It defends the right to life for those whose lives are cut short by repression, under the guise of morality and the justification of a (supposed) preventative perspective, as well as for those who see in these substances a means of (re)affirming life, as defined by Antonio Lancetti – a prominent advocate of the Antipsychiatric Movement – in conceptualizing Harm Reduction.

Sidarta Ribeiro's book, along with Gilberta Acselrad's *'Quem tem medo de falar sobre drogas?'* [*Who's afraid to talk about drugs?*, in English] and Marcelo Sodelli's *'Uso de drogas e prevenção: da desconstrução da postura proibicionista às ações redutoras de vulnerabilidade'* [*Drug use and prevention: from deconstructing the prohibitionist stance to vulnerability-reducing actions*], in English], begins with reflections on the importance of an education based on responsibility, freedom, and autonomy, coun-

tering simplistic and fear-inducing views on substance use. I addressed this issue in the preface of my latest book published by Ethics Press (*'Amidst the Flow'*), where I discussed biographical narratives and the life paths of people using crack and other drugs in the urban center of São Paulo. In the introduction, I recounted my personal, academic, and professional journey that led me to this area of study, research, and intervention, starting with my involvement in school contexts where I worked with children and adolescents in situations of high social vulnerability. In these accounts, I mentioned how the prohibitionist perspective leads to stigmatization and consequently ineffective strategies in approaches to this population, whose practices manifest in diverse iatrogenic ways: exacerbation of individual, social, and programmatic vulnerabilities; distancing from healthcare; exclusion from educational, professional, and political fields; structural violence; and violation or denial of their basic rights.

In addition to the preface, I included a chapter titled *'The Open Veins of the Brave Forbidden World'* about the colonial origins of "war on drugs" policies, which were driven by imperialist and racist geopolitical conceptions, primarily by the United States, with historical ties tracing back to Christianity in Europe and its opposition to and persecution of religions deemed pagan. This resulted in a relentless pursuit to eradicate the culture of numerous peoples, including their practices of using various plants and substances, among them those scientifically classified as psychoactive. In analyzing these policies, I engage with the works of Karl Marx and his critiques of political economy, Eduardo Galeano and his analysis of economic and political exploitation and oppression in Latin America from European colonization to the 20<sup>th</sup> century, and Achille Mbembe, who explores how states exercise power over life and death, using violence to control populations and territories, especially in colonial and post-colonial contexts. I described a scenario marked by an intricate web of political-geo-economic interests that contribute to the maintenance of power, social disparities, and racial hierarchies.

In Brazil, the situation regarding marijuana during the 1980s mirrored historical patterns where the plant became associated with Black and

enslaved individuals, subsequently being prohibited and controlled by elites or economically dominant classes (Ferrugem, 2019). This situation persists under current legislation, which sets precedents for arbitrary legal decisions, stigmatizing and punishing drug users, particularly individuals and communities who are Black and poor. Similar situations unfolded in various periods and contexts: the prohibition of tobacco in England in 1620, condemning women considered sinners or “witches”; the prohibition of cocaine in the United States in 1914, associated with Black individuals; and opium, used by Mexican and Chinese immigrant workers. In Prussia in 1948, tobacco and coffee were also prohibited for segments of the poorer society. These examples reflect historical forms of regulation, control, prohibition, and repression over time, rooted in moral precepts, economic interests, and social discrimination (Carneiro, 2018).

At one extreme, the consequences of prohibition and repression policies disproportionately affect certain social groups. Violence related to drug trafficking, fueled by territorial disputes, primarily impacts vulnerable communities where the presence of the state is characterized more by police repression than by the guarantee of rights. In these areas, militarization and police operations often result in human rights violations, arbitrary arrests, and a pervasive atmosphere of fear. The stigma against people who use drugs exacerbates the situation, as they are treated as criminals rather than individuals potentially in need of support and treatment. Repression not only fails to reduce drug consumption but also perpetuates cycles of violence, discrimination, and social exclusion, exacerbating existing inequalities. In these contexts, as discussed by Michel Foucault in *‘Discipline and Punish’* (1975/1989, p. 18), prison suppresses freedom, just as the guillotine [or, in this case, weapons] suppresses life, or certain lives, as explored through Achille Mbembe’s concept of necropolitics.

At the other end of the spectrum, prohibition hinders or prevents the guarantee of other fundamental and irremediable human rights: life and health, to live with dignity. Psychoactive substances, such as cannabis, have proven therapeutic uses that can alleviate symptoms of

various medical conditions, including epilepsy, chronic pain, and side effects of treatments such as chemotherapy. However, prohibitionist policies create significant barriers to accessing these treatments, leaving many people without viable options for relief and symptom management. Patients who could benefit from the medicinal use of cannabis face legal and bureaucratic obstacles that not only delay treatments but also increase suffering and hopelessness. This denial of access to effective treatments violates the right to health and dignity, underscoring the urgent need for a review of drug policies to prioritize well-being and human rights.

According to Alba Zaluar (1994) in her book *'Drogas e Cidadania: Repressão ou Redução de Riscos?'* [*'Drugs and Citizenship: Repression or Risk Reduction?'* in English], there is a persistent stigma and prejudice against people who use illicit drugs. Zaluar argues that this stigma contributes to increasing the vulnerability of these individuals through systematic and programmatic processes of social exclusion. Furthermore, the author discusses how criminalization policies disproportionately impact socioeconomically disadvantaged youth, often detained for possessing small amounts of illegal substances, leading to prison overcrowding and injustices in the legal system.

The book also highlights the historical subordination of social policies to capital accumulation interests, which, according to Zaluar, has contributed to setbacks in Brazil's social development, as measured by fundamental rights such as education, employment, and health. In a context where real opportunities for social mobility are limited, the author observes a hedonistic culture among young people that may favor adherence to subcultures of illicit drug use, characterized by Howard Becker (1963/2008) as "motivation for an act considered deviant".

Zaluar also points out the negative consequences of inadequate treatment services, which tend to isolate users from their life contexts, exacerbating additional forms of social exclusion and damage to the identity and dignity of these individuals. These arguments enrich the debate on illicit drugs, providing a broader understanding of the social and

political impacts of repression and criminalization policies. Thus, there is an urgent need for approaches that prioritize the dignity and social integration of people who use drugs.

Harm Reduction emerges as a technical, ethical, and political paradigm guiding the practice of professionals working with drug users, rooted in respect for human rights, freedom, and autonomy – as discussed in the chapter by Contrucci, Coura, Canônico, and Moura (in this book). The history of Harm Reduction dates back to the Rolleston Report published in the United Kingdom in 1926, advocating for the controlled maintenance of opioid doses for individuals with addiction. The 1980s HIV/AIDS epidemic brought renewed urgency to the approach, leading to the implementation of needle exchange programs aimed at reducing virus transmission among injectable drug users. Since then, Harm Reduction has evolved to encompass a wide range of strategies aiming to minimize the harms associated with drug use, without necessarily requiring abstinence, and addressing the iatrogenic impacts of policies targeting drug users.

In Brazil, Harm Reduction has passed through three distinct waves. The first wave began in Santos in 1989, amidst the newly established democracy and the high incidence of HIV/AIDS. Santos, known then as the “AIDS Capital”, pioneered needle exchange policies to combat HIV transmission, despite significant legal and social barriers. These initial underground initiatives paved the way for broader programs in the 1990s, expanding to other cities and positively impacting epidemiological indicators. The second wave, in the 2000s, focused on Mental Health, integrating Harm Reduction practices into the Sistema Único de Saúde (SUS; Brazilian Unified Health System, in English). This period saw the consolidation of policies recognizing the complexity of care needed for people using alcohol and other drugs, promoting approaches that went beyond infection prevention to include issues of autonomy and dignity. The third wave, beginning in the 2010s, expanded the perspective of Harm Reduction to include human rights and social development, with intersectoral initiatives and recognition of the need for public policies addressing intersections with race, gender, and sexual orientation (Petuco, 2020).

The trajectory of Psychiatric Reform in Brazil also significantly influenced the development of Harm Reduction practices. The reform movement challenged the classical medical model, which proved inadequate in addressing the complexity of health determinants and causes. The classical model, by restricting health care to its biological or organicist nature, focused therapeutic strategies on the individual isolated from their family and social context, promoting medical technicalization and biomedical engineering structures, and consolidating curativism by prioritizing the pathophysiological aspects of the disease over its causes. The trajectory of psychiatric reforms (or reformed psychiatry) in Brazil can be divided into three moments: institutional psychotherapy and therapeutic communities, which represented reforms restricted to the asylum scope; sectoral and preventive psychiatry, which expanded medical-psychiatric precepts to the set of social norms and principles, under a preventive and medicalizing logic; and finally, experiences of antipsychiatry and initiatives influenced by Franco Basaglia, which brought new perspectives to mental health and the rights of people in distress. The convergence of these concepts, reforms, and Harm Reduction waves promoted a more integrated and inclusive approach, emphasizing the importance of autonomy, dignity, and human rights in the care of people using drugs and experiencing mental disorders (Amarante, 1995).

My journey of research and engagement in drug consumption scenes and collaboration with social organizations and collectives has immersed me deeply in Harm Reduction practices in contexts of high social vulnerability, leading me to approaches aimed at mitigating the consequences of severe repression policies and promoting more humane care strategies for marginalized individuals and groups. Through direct experiences in the Região da Luz, downtown São Paulo, notably known as “Cracolândia”, I witnessed firsthand the transformative impact of initiatives such as the *Tem Sentimento* and *Pagode na Lata* collectives. In addition to providing support for people and social groups facing homelessness and psychoactive substance use, these initiatives exemplify how Harm Reduction can foster resilience, dignity, and inclusion in marginalized communities.



The *Tem Sentimento* Collective, coordinated by Carmen Lopes, a social worker and activist, supports cisgender, transgender, and transvestite women in an environment marked by homelessness, limited access to health services, violence, and stigma. As a coping strategy, many of these women turn to drug use and sex work. The Collective adopts Harm Reduction principles to strengthen the autonomy and independence of these women through artistic and collaborative initiatives. Studies such as those by Howard Becker<sup>1</sup> and Norman Zinberg<sup>2</sup> demonstrate that changes in substance use patterns are correlated with improvements in living conditions, social environments, and emotional relationships for participants. In addition to developing technical skills in the artistic field, the Collective provides a space for welcoming and restoring the dignity of the women served, with a humanized approach that considers emotional, psychological, social, and economic aspects. Recognizing the heterogeneity of the Região da Luz and its interconnected complexities (intersectionality of race, gender, and class), the Collective enhances understanding of the needs and potential of the women involved, thereby maximizing the effectiveness of its actions. Aligned with the principles of Harm Reduction (International Harm Reduction Association [IHRA], 2010), the practices of the *Tem Sentimento* Collective promote inclusion and empowerment through art and income generation, aiming to reduce individual and systemic vulnerabilities.

*Pagode na Lata*, also active in São Paulo's Luz Region, is a project that uses music as a Harm Reduction tool. Organized by artists and activists from local collectives, the group promotes inclusive samba circles where individuals experiencing homelessness and using psychoactive substances are encouraged to participate actively. As described in an article from the UOL *Ecoa* Blog, this approach facilitates the exchange of

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<sup>1</sup> Howard Becker (1928-2023) was a sociologist known for his studies on social deviance and deviant behavior, including analyses on drug use. His seminal work, *'Outsiders: Studies in the Sociology of Deviance'*, published in 1963, addresses the social and cultural dynamics that influence substance use.

<sup>2</sup> Norman Zinberg (1922-1989) was a psychiatrist and pioneering researcher in the field of substance dependence. His book *'Drug, Set, and Setting: The Basis for Controlled Intoxicant Use'*, published in 1984, explores how psychological and environmental factors shape individual experiences with drugs, influencing patterns of use and therapeutic interventions.

information on safe practices, such as disease prevention through pipe sharing, and potentially reduces drug use or associated harms. This initiative demonstrates effectiveness by aligning with recommendations from public health policies that emphasize alternatives to abstinence, as evidenced by studies published in *The Lancet* (Csete et al., 2016).

Pagode na Lata fosters a sense of belonging and community among participants, bolstering self-esteem and promoting positive social interactions. In an interview with the *Ecoa* Blog, Marcos Roberto Cezário emphasizes that “percussion shows that music is in everything we touch, in everything we live” [sic], recognizing the participants’ importance in the samba circle and its significant impact on their lives. Nice Rocha, a businesswoman and owner of the bar where the samba circles take place, reports: “They sweep, tidy up, help where they can. In return, they can use the bathroom, drink water, talk. It’s very important to talk with them” [sic]. Marcos further adds in his interview with the *Ecoa* Blog: “Seeing us play, many want to join. It becomes a commitment, they need to be aware of the day of the week, the time” [sic].

In addition to recognizing music as a powerful Harm Reduction tool and consequently an instrument of individual and social transformation, these statements refer to the redefinition of social norms, as discussed by Norman Zinberg. Zinberg proposed that social norms and sanctions (informal controls) play a crucial role in people’s relationships with psychoactive substances. Social interactions and cultural context influence how individuals perceive and use drugs, potentially modifying behaviors and attitudes towards safer and healthier practices. Therefore, active participation of individuals using psychoactive substances in Pagode na Lata’s samba circle not only strengthens social cohesion but also reshapes social norms associated with drug use, promoting a more inclusive and empathetic approach in addressing challenges faced by these individuals. Beyond fostering cooperation among participants, this approach acts as an effective Harm Reduction intervention by offering alternatives to radical substance use.

On the other extreme of the consequences of current drug policies, my

personal experience also highlights the practical challenges due to prohibitionist policies that deny access to essential psychoactive substances for those who need them. In an intimate context, I witnessed the potentially devastating effects of a stroke on my grandmother, once a vibrant woman dedicated to caring for her flowers, whose daily activities were abruptly interrupted. As a neuropsychology specialist, I am familiar with the challenges faced during post-stroke rehabilitation, requiring continuous multidisciplinary treatment to restore affected cognitive and motor functions. After months of witnessing her suffering, I sought a scientific alternative and proposed the therapeutic use of Cannabis as a complement to treatment, aiming for her recovery and improved quality of life. Once again, aligning with Lancetti's conceptualization that emphasizes Harm Reduction as a principle of "life affirmation" – and the right to live, particularly with dignity – a new hope emerged: the "flowers of good".

In *'The Flowers of Good'*, Sidarta Ribeiro celebrates Cannabis as a symbol of biological and cultural resilience, with its cultivation history spanning millennia due to its notable textile fibers and medicinal properties of resinous flowers. Varieties rich in fibers and low in psychoactive components are called hemp, while those with high resin concentration are known as marijuana. In the 16<sup>th</sup> century, hemp was the material for European sailors' and merchants' clothing, while in India and Africa, midwives and healers used marijuana-based ointments. For centuries, most canvases in museums were made from hemp. In the 18<sup>th</sup> and 19<sup>th</sup> centuries, marijuana plasters were used to treat whip wounds on slaves. In the early 19<sup>th</sup> century, marijuana cigarettes were sold in pharmacies to treat asthma, acting as bronchodilators.

Over time, marijuana was prohibited through initiatives in Brazil and with the backing of the United States, being labeled as the "devil's weed" (Carlini, 2006; Ribeiro, 2023). However, justifications against substance use rarely aligned with scientific evidence (Hart, 2014). Studies commissioned in the 1970s by Ronald Reagan wrongly linked substance use to neurocognitive damage. For example, an experiment with Rhesus monkeys exposed to large amounts of marijuana for three

months resulted in their deaths (Heath et al., 1980). The initial interpretation suggested marijuana caused irreversible brain damage, but subsequent studies revealed the harm was due to carbon monoxide poisoning (Grieco, 2021; Pamplona, 2017; Siff, 2014; Slikker et al., 1991). These errors underpinned repressive policies and discriminatory narratives. Harry Anslinger in the 1930s used racial and social prejudices to justify intensified drug enforcement, marginalizing Mexican and African American immigrants (Hari, 2018; Hart, 2014). Hart (2017a, 2017b) critically analyzes these policies, highlighting their ethical, legal, political, social, and health implications from simplistic neuroscience approaches. For instance, Rodrigo Duterte in the Philippines implemented lethal measures to combat drug use and trafficking, based on exaggerated interpretations of methamphetamine's effects on the brain, overlooking social issues and exacerbating inequalities.

From the 1960s, Cannabis consumption began to rise, eventually surpassing tobacco use in the United States by 2022 (Ribeiro, 2023). Research into Cannabis chemical compounds such as THC ( $\Delta^9$ -Tetrahydrocannabinol) and CBD (Cannabidiol) by Rafael Mechoulam (1930-2023) facilitated significant advances in studying the plant's medicinal applications (Mechoulam & Shvo, 1963; Mechoulam & Gaoni, 1965; Mechoulam & Carlini, 1978; Mechoulam & Parker, 2013). In Brazil, Elisaldo Carlini (1930-2020) led important research in the 1980s, exploring Cannabis's therapeutic use for treating epilepsy (Carlini & Cunha, 1981; Carlini, 2010). In the 1990s, the discovery of cannabinoid receptors CB1 and CB2 by Allyn Howlett significantly contributed to understanding Cannabis's effects on the human body (Howlett, 2002; Howlett et al., 2004; Howlett & Abood, 2017).

Contrary to stigma against marijuana users, a cannabis culture of peace and love spread globally (Ribeiro, 2023). Currently, marijuana-based medications and products are exported by the United States, Canada, Portugal, and Uruguay, generating health, employment, and income. Despite centuries of defamation campaigns, this plant and its cannabinoids are successfully used to treat various diseases and disorders, including epilepsy, spasms, neuropathic pain, autism, cancer, depres-

sion, anxiety, Alzheimer's, Parkinson's, and Crohn's disease, due to its analgesic, anti-inflammatory, antidiabetic, antipsoriatic (psoriasis treatment), and bone growth stimulating effects (Grieco, 2021; Ribeiro, 2023).

The same applies to other psychoactive substances, such as ketamine. Developed as an anesthetic and analgesic drug, ketamine was first tested in humans in the 1960s. It began to be marketed in 1970, and due to its recreational use, it was classified in 1999 as a Schedule III controlled substance in the United States, indicating moderate to low risk of dependence (Minuano, 2024; Ritter et al., 2020). Studies conducted since the 2000s have shown evidence of the antidepressant effects of ketamine administered at lower doses than those used for anesthesia (Berman et al., 2000). According to psychiatrist Rodrigo Delfino, coordinator of the ketamine clinic at the Universidade Federal de São Paulo (UNIFESP), in an interview with *Carta Capital* magazine (Minuano, 2024), research has indicated that ketamine has a potent effect in treating bipolar and unipolar depression, as well as a significant effect in reducing suicidal ideation and symptoms of anhedonia (the lack of pleasure in life). Delfino explains that the use of ketamine is already an emergency protocol for cases of suicidal ideation in Brazil, the United States, and other countries. In 2019, the Food and Drug Administration (FDA) approved the use of one form of the drug for severe depression: intranasal esketamine. The medication Spravato was developed by the pharmaceutical company Janssen and its medical use was also approved in Brazil in November 2020 by the Brazilian Health Regulatory Agency (ANVISA). Ritter et al. (2020) reiterated the antidepressant and anti-suicidal potentials of ketamine, with significant improvements in depressive symptoms within a few hours. Delfino et al. (2021) also showed that esketamine is effective in rapidly improving anhedonia in patients with unipolar and bipolar depression. Psychiatrist Dartiu Xavier, also from UNIFESP, compared in an interview with *Carta Capital* that while other medications take three to four weeks to take effect, ketamine acts within two hours (Minuano, 2024).

In 1999, Dartiu Xavier also published a study, together with Eliseu

Labigalini and Lucio Rodrigues, where they observed that the use of cannabis helped crack users alleviate withdrawal symptoms. Over nine months, they followed 25 male patients, aged 16 to 28, diagnosed using the *Composite International Diagnostic Interview* (CIDI) according to ICD-10 and DSM-IV criteria. Most subjects (68%) stopped using crack and reported that cannabis use reduced their cravings and produced significant changes in their behavior, helping them manage the symptoms of dependence. It is worth noting, finally, that other substances have been widely studied for their various potential therapeutic effects, including substances such as psilocybin and MDMA, which are showing promising results in recent research (Davis et al., 2021; Haikazian et al., 2023; Mitchell et al., 2021; Mitchell et al., 2023; van Amsterdam & van den Brink, 2022; van der Kolk et al., 2024).

An example of resistance to prohibitionist policies is the *Cultive* Association – Cannabis and Health. I had the opportunity to meet and work with its founders, Cidinha, Fábio, and Clárian Carvalho. In 2013, Cidinha learned about Charlotte Figi, a girl with Dravet syndrome treated with marijuana oil. Inspired by this story, Cidinha researched CBD and THC, concerned about high THC levels. After sending information to Clarian's neurologist, the doctor attended a Cannabis congress in Boston. By the end of 2013, Cidinha created the '*Síndrome de Dravet Brasil*' [*Dravet Syndrome Brazil*], in English] page on a social network, connecting mothers of children with similar difficulties. *Cultive* was then founded to support these families. More information can be found on the Association's official website [<https://cultive.org.br/>].

In 2021, I co-organized the *1<sup>st</sup> International Symposium on Cannabis, Science, and Health: Public Policies, Human Rights, and Therapeutic Applications* with Cidinha and other activists, including Dr. Janaina Rubio Gonçalves. The event aimed to address the gaps left by prohibitionist policies, which hinder science-based dialogues and bioethical discussions, thus depriving many of their fundamental rights to health. The symposium featured lectures and roundtable discussions by renowned experts and activists. Dr. Sidarta Ribeiro addressed "Cannabis in the Light of Science". Brazilian historian Dr. Henrique Carneiro presented

“The prohibition of marijuana as a technique of coercion and social and racial discrimination: perspectives for ending prohibitionism”. A roundtable discussed “Prohibitionism and its impacts: social, political, and economic consequences of the ‘war on drugs’”, with participation from Débora Silva (Brazilian human rights activist), Johann Hari (British journalist), and Raull Santiago (Brazilian activist). Other sessions explored Cannabis regulation with speakers like Milton Romani from Uruguay and Paulina Bobadilla from Chile, and discussed “Science, health, and human rights: Harm Reduction as an alternative to prohibitionist-repressive policies”. Brazilian neuroscientist Dr. Renato Filev spoke about the “Endocannabinoid System”. Additionally, there were discussions on “Cannabis and Epilepsy”, “Cannabinoid replacement as a strategy for preventing and treating aging-related diseases with emphasis on Alzheimer’s disease”, “Cannabis and Neuropsychiatric Disorders”, “Cannabis in the control of previously untreatable chronic pain”, “Cannabis and Parkinson’s disease”, “The immune system under cannabinoid control”, and “Cannabis and oncology: therapeutic applications in cancer patients”. The event also included dozens of other speakers, activists, and family members who have benefited from Cannabis’s therapeutic use.

Through my work with Cultive – Cidinha, Fábio and Clárian – I have reinforced my understanding of Harm Reduction as an affirmation of life.

With the goal of expanding the concept of Harm Reduction as an affirmation of life and applying it in various contexts, I organized this book along with my colleagues Michel de Castro Marques, Maria Angélica Comis, Eroy Silva, M. Fátima Sudbrack, and Denise De Micheli, titled *‘Substance Use, Public Policy and Harm Reduction: Social and Health Studies and Interventions’*. The thematic axes of the book were structured to address a variety of perspectives on psychoactive substance use, promoting a critical and multidisciplinary analysis.

Part 1 explores historical trajectories and political implications from historical contexts to contemporary issues, including prohibitionism,

criminalization, and the intersectionality of race, gender, and class. Part 2 focuses on social and cultural interactions involving drug use, addressing psychosocial impacts on homeless individuals, adolescents, and festive contexts. Part 3 presents various approaches, from contextual interventions in educational settings to neuroscience-based strategies to promote well-being and harm reduction. Finally, Part 4 analyzes public health policies, psychosocial care, and specific Harm Reduction strategies, with an emphasis on socio-political transformations and the impact of the Brazilian Psychiatric Reform.

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# Prefácio – A Redução de Danos como (Re) Afirmção da Vida: (Des)Construções sobre as Concepções acerca dos Usos de Substâncias Psicoativas

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No momento em que finalizei este livro junto com meus colegas organizadores (Michel de Castro Marques, Maria Angélica Comis, Eroy Silva, M. Fátima Sudbrack e Denise De Micheli), concluí também a leitura de duas novas obras lançadas recentemente: *‘Políticas da inimizade’*, do filósofo e cientista político camaronês Achille Mbembe, e *‘As flores do bem: a ciência e a história da libertação da maconha’*, do neurocientista brasileiro Sidarta Ribeiro. O primeiro trata de uma intensificação da inimizade em escala global, em suas múltiplas reconfigurações, sobretudo dos conflitos e da guerra sob a égide da conquista e da ocupação, do terror e da contrainsurgência. O segundo, por sua vez, reflete sobre os processos de construção e de desconstrução das concepções, estigmas e políticas em relação às substâncias psicoativas e às pessoas que as utilizam para diversas finalidades. Trata, acima de tudo, da libertação; e, com isso, a garantia de um direito humano irrenunciável: a vida. Defende o direito de viver tanto para aquelas pessoas cujas vidas são ceifadas pela repressão, sob a proteção da moralidade e da justificativa de uma (suposta) ótica preventivista, quanto para quem vê nessas substâncias um modo de (re)afirmação da vida, como define Antonio Lancetti – grande lutador do movimento Antimanicomial –, ao conceitualizar a Redução de Danos.

O livro de Sidarta Ribeiro, assim como os livros *‘Quem tem medo de falar sobre drogas?’*, de Gilberta Acselrad, e *‘Uso de drogas e prevenção: da desconstrução da postura proibicionista às ações redutoras de vulnerabilidade’*, de Marcelo Sodelli, inicia com reflexões sobre a importância de uma educação baseada em responsabilidade, liberdade e autonomia,

contrapondo visões simplistas e amedrontadoras em relação ao uso de substâncias. Tratei sobre esta questão no prefácio do meu último livro publicado pela editora Ethics Press (*‘Amidst the Flow’*), no qual discorri sobre as narrativas biográficas e os itinerários de pessoas que usam crack e outras drogas nas ruas do centro urbano de São Paulo. No texto de introdução, relatei minha trajetória pessoal, acadêmica e profissional que me levou a esta área de estudos, pesquisas e intervenções, iniciando pela minha inserção em contextos escolares, onde trabalhei com crianças e adolescentes em situação de alta vulnerabilidade social. Nos relatos, mencionei como a perspectiva proibicionista acarreta estigmatização e, por conseguinte, estratégias inefetivas nas abordagens direcionadas a esta população, cujas práticas se mostram iatrogênicas de maneiras diversificadas: potencialização das vulnerabilidades individuais, sociais e programáticas; distanciamento dos cuidados em saúde; exclusão dos campos educacional, profissional e político; violências estruturais; e violação ou negação de seus direitos básicos.

Além do prefácio, incluí um capítulo – *‘As veias abertas do Admirável Mundo Proibido’* – sobre as origens coloniais das políticas de “guerra às drogas”, que foram impulsionadas pela concepção geopolítica imperialista e racista, principalmente pelos Estados Unidos, com ligações históricas antecedentes do Cristianismo na Europa e sua oposição e perseguição às religiões consideradas pagãs. Isso resultou em uma busca incessante pelo aniquilamento da cultura de inúmeros povos, incluindo suas práticas de uso de diversas plantas e substâncias, entre elas as (cientificamente classificadas) psicoativas. Ao analisar essas políticas, dialogo com as obras de Karl Marx e suas críticas à economia política, Eduardo Galeano e sua análise da exploração e opressão econômica e política da América Latina desde a colonização europeia até o século XX, e Achille Mbembe, que explora como os Estados exercem poder sobre a vida e a morte, utilizando a violência para controlar populações e territórios, especialmente em contextos coloniais e pós-coloniais. Descrevi um cenário marcado por uma intrincada rede de interesses político-geoeconômicos que contribuem para a manutenção de poderes, disparidades sociais e hierarquização racial.

No Brasil, a situação com relação à maconha durante a década de 1980 não foi diferente, quando a planta foi associada às pessoas negras e escravizadas, passando a ser proibida e controlada pelas elites ou classes economicamente dominantes (Ferrugem, 2019). Esta situação persiste com a atual legislação, que abre precedentes para decisões arbitrárias no campo jurídico, estigmatizando e punindo as pessoas que usam drogas, principalmente indivíduos e comunidades negras e pobres. Situações similares ocorreram em diferentes períodos e contextos históricos: a proibição do tabaco na Inglaterra, em 1620, que condenava mulheres consideradas pecadoras, “bruxas”; a proibição da cocaína nos Estados Unidos, em 1914, cujo uso foi associado a pessoas negras; e a do ópio, utilizado por trabalhadores imigrantes mexicanos e chineses. Também na Prússia, em 1948, o tabaco e o café foram proibidos para segmentos pobres da sociedade. Estes exemplos refletem formas históricas de regulação, controle, proibição e repressão ao longo do tempo, com base em preceitos morais, interesses econômicos e discriminação social (Carneiro, 2018).

Em um extremo, as consequências das políticas de proibição e repressão recaem de maneira desigual sobre determinados grupos sociais. A violência relacionada ao tráfico de drogas, alimentada pela disputa por territórios, afeta principalmente as comunidades vulneradas, onde a presença do Estado é marcada mais pela repressão policial do que pela garantia de direitos. Nessas áreas, a militarização e as operações policiais resultam frequentemente em violações de direitos humanos, prisões arbitrárias e um clima de medo constante. A estigmatização das pessoas que usam drogas agrava a situação, pois são tratadas como criminosas em vez de pessoas com potencial necessidade de apoio e tratamento. A repressão não só falha em reduzir o consumo de drogas, mas também perpetua ciclos de violência, discriminação e exclusão social, exacerbando as desigualdades já existentes. Nesses contextos, conforme discutido por Michel Foucault em *‘Vigiar e Punir’* (1975/1989, p. 18), a prisão suprime a liberdade, assim como a guilhotina [ou, neste caso, as armas], suprime a vida, ou certas vidas, como explorado através do conceito de necropolítica de Achille Mbembe.