

Center for the Studies of Public Security and Citizenship  
University Candido Mendes

Final Narrative Report

# **Attitudes toward decriminalizing and regulating drugs**

Project funded by the Open Society Foundations

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Julita Lemgruber  
General Coordinator

## Foreword

Brazil has the fourth largest prison population in the world with half a million men and women in prison. This number tripled in the last 15 years and the number of men and women incarcerated on drug charges, sentenced or accused as pre-trial prisoners, has tripled in five years. Although Brazil passed legislation in 2006 that allows a judge the latitude not to impose a prison sentence for possession of drugs that may be considered “for personal use”, it is up to the Judge’s discretion to examine “social and personal circumstances” when imposing a sentence. And it is well known to those working in the criminal justice system that the examination of “social and personal circumstances” mostly has the effect of sending the poor black youths that live in the big city *favelas* to prison.

The discussion of the possible decriminalization of drug use is fairly recent in Brazil, but is attracting increasing attention in legal, political and social arenas, and the so called Marijuana Marches have gathered hundreds of people in the latest editions in various Brazilian cities. There has also been an organized effort by various public figures, including Fernando Henrique Cardoso, the former President of Brazil and a member of the Global Commission on Drugs, and a number of NGOs, to promote the idea that there is a need to decriminalize the use of drugs.

Nevertheless, the Brazilian House of Representatives has recently approved (May, 2013) new legislation requiring compulsory treatment (considered by the UN as a measure of torture) for drug users. The Bill is now in the Senate with a good chance of being approved. Even worse, if approved by Congress, this Bill, known as PL 7663 or Proposed Law Osmar Terra (for the representative who is the Bill’s rapporteur), will raise the minimum sentence for drug trafficking to 8 years, which is longer than the minimum sentence for homicide in Brazil!

It should be noted that the basic support for this new legislation has come from the evangelicals, a group that exercises considerable influence in the Brazilian Congress today and is able to shape the political discussion on drugs. Many of the evangelical congressmen themselves run “therapeutic communities” for the “treatment” of drug users which are based on “healing by faith”. It is important to stress that the “Frente Parlamentar Evangélica” (Evangelical Parliamentary Caucus in the Chamber of Deputies) brings together representatives from various parties and presently includes 76 representatives, almost 15% of the total of 513 Deputies. Were they a political party, they would trail only the PMDB and

PT, the two biggest political parties in the country in the number of members. Not all of these men and women are Pentecostals, and even if they were, there are divergent positions within the group, but it is well known that they hold very conservative views on a wide range of issues, from abortion to gay marriage, euthanasia and the fight against homophobia.

To clarify the image of where Brazil stands now on drug policy and what might lie behind PL 7633, it ought to be noted that since the middle of last year there has been extensive coverage in the media of the so called “crack-lands” – urban spaces where crack users gather to use drugs and eventually engage in stealing and/or robbing which has served to justify aggressive strategies, mainly in the cities of Rio de Janeiro and São Paulo, of social cleansing policies where drug users are taken to municipal shelters but given no specific treatment.

Even though the general debate over drugs is growing, slowly but growing, information about people’s attitudes on this issue and on the factors that lie behind these representations is very scarce. A few surveys barely tell us what proportion of the population would support or reject a specific measure and there is little in-depth knowledge about how individuals perceive conflicting policy options, the underlying dimensions of this debate or how they evaluate the possible implications of the legal or political alternatives. As a result, although there has undoubtedly been a growing public debate over drug related issues in the last decade, social actors are for the most part acting ‘in the dark’ given that they ignore the factors that lie behind people’s resistance to, or acceptance of, different drug policies.

The anti-prohibition debate in Brazil clearly lacks some very basic information that may help encourage the idea of more progressive drug policies and this makes a deeper analysis of public opinion on the issue of drugs crucial at this point. This Open Society Foundations funded project is an attempt to help begin to bridge this gap.

The OSF project which is the subject of this report is entitled “Attitudes Toward Decriminalizing and Regulating Drugs” and was developed by the Center for Studies on Public Safety and Citizenship at the University Candido Mendes (CESeC/UCAM) to identify the main reasons, both cognitive and emotional, that lie behind the public’s opposition to the decriminalization and regulation of drugs and attempts to map the different profiles of the population, according to socio-demographic characteristics and other variables, associated with more favorable and unfavorable attitudes towards the decriminalization and regulation of drugs.

To achieve these goals, qualitative and quantitative methods were used. This Final report basically presents an analysis of: 1) the results of the survey of more than two thousand

people living in the city of Rio de Janeiro, Brazil, who were interviewed on drug related issues; 2) the results of 13 focus groups conducted with the same objective of identifying reasons and motives behind attitudinal resistance to the decriminalization/regulation of drugs; 3) 13 in-depth interviews, discussing drug related themes, with professionals from different areas: medical doctors, social scientists, journalists and others, including a member of the Rio de Janeiro City Council who was one of the organizers of the Marijuana Marches in the city of Rio de Janeiro and was elected on an anti-prohibition platform.

This project was developed over a period of approximately one year, beginning in September, 2012, and it involved a group of professionals who acted as permanent consultants, with a background of technical expertise/and or activism on drug related issues. Every stage of the project was thoroughly discussed with these consultants who also observed the focus groups and helped analyze the content of the discussions.

# Chapter I

## The Quantitative Research

### 1. The survey

As indicated in the proposal submitted to the OSF, the purpose of the survey was to identify different profiles of the population of the city of Rio de Janeiro, according to socio-demographic characteristics and other variables, associated with attitudes more or less favorable to the decriminalization and regulation of drugs. It was also designed to capture more general perceptions about the subject of drugs. Therefore, a flow point survey was carried out (in public places where there is constant foot traffic) in different city neighborhoods through the application of a questionnaire with 34 closed and two open questions was conducted with a sample of Rio's population aged 16 or older, during the period from February 20 to March 15, 2013. Ten interviewers were involved in this stage of the project.<sup>1</sup>

#### 1.1. The sample

A quota sampling technique was used, according to the following variables: gender, age, level of education and City Sectors (Planning Areas). The target sample size was 2000 and the actual sample size was 2,013. This would correspond to a sampling error of 2.18%, with a 0.05 significance level, if we were dealing with a probabilistic simple random sample.

The definition of the quotas took into account the following four variables:

- a) Planning Area (PA) - the residence of the respondent<sup>2</sup>, regardless of the location of the interview. The fact of adopting as the PA the place of residence and not the place of the interview serves to ensure territorial representation and also the inclusion of middle class respondents, who tend not to respond when interviewed near their homes but are more amenable to interviews when approached, for example, in the city center;
- b) Gender;
- c) Age, in three brackets: 16 to 34 years of age, 35 to 49 years of age 50 years of age or older;
- d) Level of education, in four brackets:
  - Unschooled or incomplete primary school

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<sup>1</sup> As it has already been mentioned, the survey took place in a moment where the so called *cracolândias* in big urban centers were being overexposed in the media and it may well be that the survey results in some way reflect the media coverage, usually very sensationalist.

<sup>2</sup> The Planning Areas (PAs) are subdivisions of the city into five zones, as adopted by the Rio de Janeiro municipal government.

- Primary school completed but incomplete high school
- High school completed or incomplete higher education
- Completed higher education

The combination of these variables resulted in 24 groups within each of the 5 PAs. The effective sample was 2,019 respondents but, due to incorrect age information, six could not be sorted by strata. Regarding the others, the share of respondents per PA in some cases exceeded or was smaller than expected. Table 1 below displays the differences between the the target and the effective sample, in percentage terms for each of the 24 groups and each of the five areas.

**Table 1 – Effective sample in relation to target sample (%)**

Groups	Area					Total
	AP1	AP2	AP3	AP4	AP5	
1. Little schooling, young, male	139	136	73	85	105	<b>94</b>
2. Little schooling, young, female	84	92	104	128	101	<b>105</b>
3. Little schooling, middle age, male	140	113	91	66	60	<b>81</b>
4. Little schooling, middle age, female	68	51	99	91	86	<b>88</b>
5. Little schooling, old, male	118	136	107	120	104	<b>110</b>
6. Little schooling, old, female	104	98	101	113	97	<b>101</b>
7. Grade school, young, male	80	97	123	97	118	<b>113</b>
8. Grade school, young, female	65	96	101	158	118	<b>113</b>
9. Grade school, middle age, male	45	78	96	73	76	<b>83</b>
10. Grade school, middle age, female	112	109	89	95	100	<b>96</b>
11. Grade school, old, male	134	140	101	90	105	<b>106</b>
12. Grade school, old, female	90	79	102	105	102	<b>98</b>
13. High school, young, male	153	115	89	98	115	<b>104</b>
14. High school, young, female	131	111	110	109	110	<b>111</b>
15. High school, middle age, male	110	113	101	93	91	<b>98</b>
16. High school, middle age, female	98	138	94	92	93	<b>97</b>
17. High school, old, male	57	108	109	89	100	<b>101</b>
18. High school, old, female	50	83	94	100	105	<b>93</b>
19. Higher education, young, male	58	89	124	105	107	<b>104</b>
20. Higher education, young, female	193	117	117	135	102	<b>122</b>
21. Higher education, middle age, male	106	90	86	51	107	<b>81</b>
22. Higher education, middle age, female	151	109	43	53	150	<b>82</b>
23. Higher education, old, male	157	112	47	94	142	<b>96</b>
24. Higher education, old, female	49	97	120	89	180	<b>105</b>
<b>Total</b>	<b>105</b>	<b>103</b>	<b>98</b>	<b>97</b>	<b>102</b>	<b>100</b>

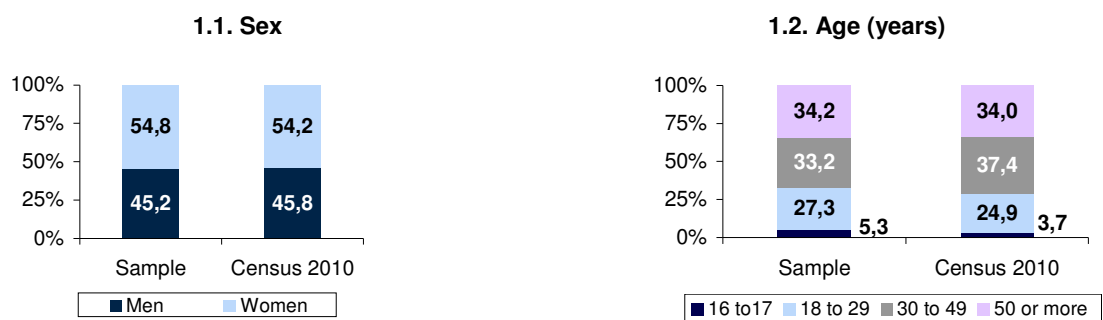
Graph 1, below, shows the overall distribution of the sample for each variable used in the definition of the quotas, comparing it to the composition of the population of the city of Rio de Janeiro aged 16 or older, according to the 2010 Census.

It can be seen in this comparison that the sample fairly well reflects the profile of the inhabitants of the municipality, except for some over-representation of younger people, those who have completed primary school and the residents of PAs 4 and 5 (West Zone), as well as the under-representation of the 35-40 year-old age bracket and residents of PA 2 (South Zone and Greater Tijuca).

However, a major discrepancy emerges by focusing on another variable, not used in the quotas: residence in a *favela*. According to the 2010 Census, 22.3% of the population of Rio de Janeiro aged 15 or older lived in "subnormal clusters" <sup>3</sup> while, in the research sample, the proportion of residents of such communities/ *favelas* was 36.8%. Two factors may explain this difference: (a) probable discrepancies between what respondents consider "a community/ *favela* area" and that which the IBGE [The Federal Statistical Agency] defines as a "subnormal cluster"; (b) the greater willingness of *favela* dwellers to participate in surveys, as already noted in other surveys. In the latter case, there would be overrepresentation of the residents of the *favelas*, biasing, to some extent, the results of the survey. Since it is possible that the definition of IBGE is more restrictive than that of the respondents because it requires at least 51 contiguous houses, as well as other criteria, to characterize a "cluster," the significance of the bias cannot be known with certainty.

There are also significant discrepancies between the sample and the 2010 Census with regard to religious affiliation, which may also be due, at least in part, to differences in definition. Over-represented in the sample are both Pentecostals (19.4% versus 11.5% in Rio de Janeiro population aged 15 or older) and those who reported having no religion (21.3% versus 12%) and under-represented, especially Catholics (42.6% of the sample against 52.8% of the population).

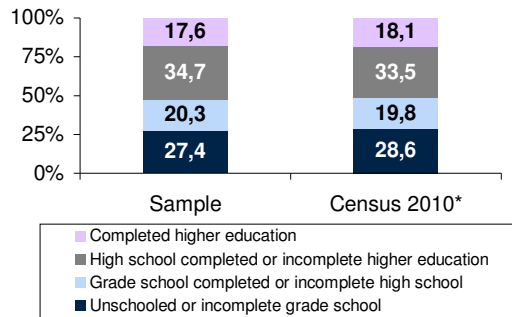
**Graph 1 – Distribution of respondents and the population of the city of Rio de Janeiro 16 years or older, by sex, age, educational level and area of residence**



<sup>3</sup> Cf. IBGE. *Censo Demográfico 2010 – Aglomerados subnormais: Primeiros resultados*. Rio de Janeiro, 2011, s/p. [[http://biblioteca.ibge.gov.br/visualizacao/periodicos/92/cd\\_2010\\_aglomerados\\_subnormais.pdf](http://biblioteca.ibge.gov.br/visualizacao/periodicos/92/cd_2010_aglomerados_subnormais.pdf)]

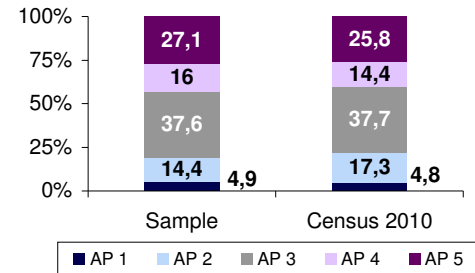


### 1.3. Level of education



(\*) Population 15 years old or older

### 1.4. Area of residence



## 1.2 Refusals

A refusal was defined as having occurred only when the person addressed refused to cooperate after being informed of the subject of the survey and had been asked to collaborate; i.e., a request made of a person who was willing, minimally, to interact and learn what the subject of the survey was. We did not count as refusals the cases of passers-by who did not stop to talk to the interviewer or who otherwise manifested their refusal to cooperate without listening to the introduction. Anecdotal evidence from the interviewers suggests that several people declined to be interviewed upon hearing that the topic of the survey was 'drugs' since they 'did not want to have anything with this issue'. We do not have a way to measure the size of the problem since these cases were not classified as refusals. However, to the extent that this is true, this could introduce a bias. Hence, prohibitionist attitudes could be underestimated, assuming that those who 'do not want to have anything to do with the topic' are more prone to prohibitionism than the average.

A total of 376 refusals were registered, approximately one out of every five interviews. Note in Table 2 that the relationship between the number of refusals and interviews varied significantly between the five regions: on one extreme, in the West Zone (AP 5), the poorest area of the city, almost everyone approached agreed to participate; and on the other, the richest region, including South Zone and Greater Tijuca (AP 2), there was almost one refusal for every two respondents. In short, as has been seen in other studies and as was already mentioned above, it is easier to interview people living in poor areas than residents of wealthier regions, which tends to skew the survey results even though the distortion may be at least partially offset by the adoption of quotas for schooling, as in the case of this project.

**Table 2 – Ratio between refusals and interviews carried out, Per area of residence of the respondents**

Area	Refusals	Interviews	Ratio refusals/ interviews
AP 1	53	338	0.16
AP 2	103	241	0.43
AP 3	130	520	0.25
AP 4	75	211	0.36
AP 5	15	482	0.03
Area not informed	-	227	-
<b>TOTAL</b>	<b>376</b>	<b>2.019</b>	<b>0.19</b>

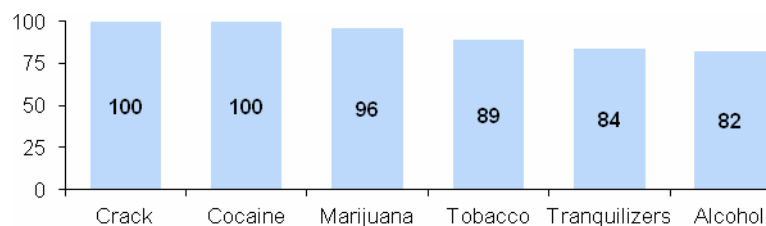
## 2. Results

Only the main results of the sampling survey will be presented here. Tables with frequencies for all variables will be available soon on the CeSEC website: ([www.ucamcesec.com.br](http://www.ucamcesec.com.br)).

### 2.1. What is defined as a “drug”?

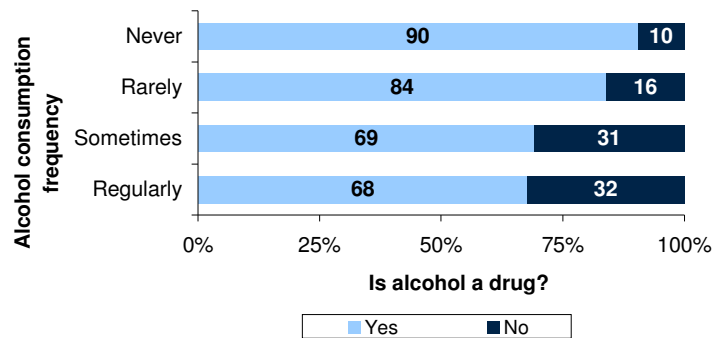
First of all, there is a broad consensus on the definition of certain substances as being drugs, whether legal or illegal (Graph 2). While legal drugs, such as alcohol, tranquilizers and tobacco, have lower percentages of positive responses than crack, cocaine and marijuana, nevertheless over 80% of respondents classified all these substances as drugs. The lowest percentage corresponds to alcohol; yet, 82% of the respondents consider alcohol to be a drug. In short, whether a substance is legal or not plays a small role in defining what is a drug.

**Graph 2 – Definition of substances as drugs (% of respondents)**



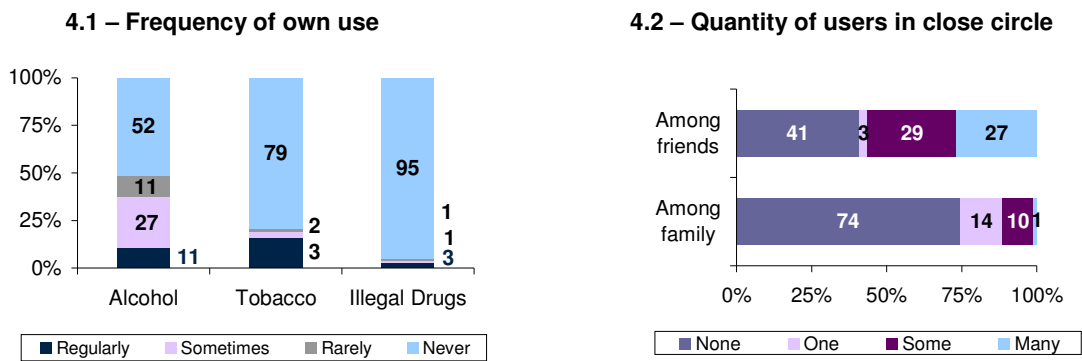
This definition to some extent seems to be related to the frequency of consumption declared by the respondent. In the case of alcohol, for example, those who say they never drink tend, in higher proportion (90%), to consider it a drug, whereas those who drink regularly or occasionally use this classification more sparingly (Graph 3). Even so, more than two-thirds of the self-reported alcohol users believe they are using a drug.

**Graph 3 – Classification of alcohol as a drug, according to declared frequency of alcohol consumption (% of respondents)**



On the other hand, when asking directly about the frequency of consumption or about the presence of users in the family and among friends and colleagues, the fact that the drugs are legal or illegal seems to influence the results, arranging them according to the level of closeness with the respondent: whereas only 5% admit using any of the substances prohibited today, one-quarter admit at least one user of illegal drugs in their families and the majority (59%) say they know at least one consumer in his/her circle of friends and co-workers (Graph 4).

**Graph 4 – Frequency of declared consumption and presence of users of illegal drugs in their circle of close relations (% of respondents)**

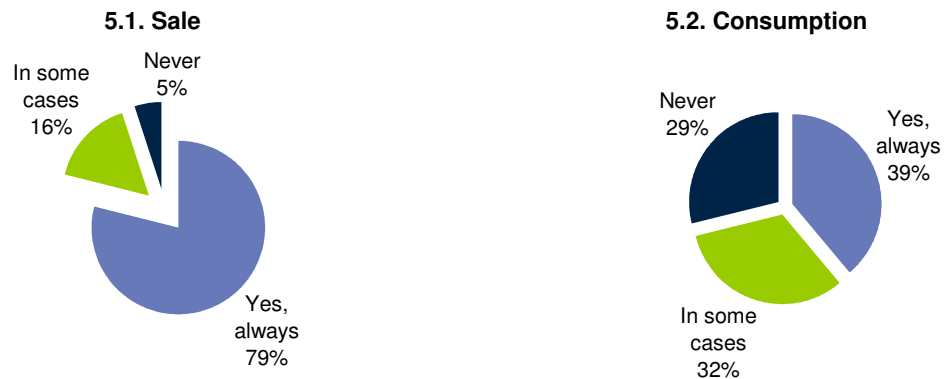


**2.2. Consumption X trafficking**

As it will be seen throughout this report, a prohibitionist view of drugs prevails in the Rio de Janeiro population. However, there are clear differences about how trafficking and consumption are perceived, with high levels of approval of tough, punitive measures for the former and opinions, at first glance, that are more flexible with respect to the latter. Graph 5 illustrates this, showing that 79% of respondents supported the imprisonment, always, of anyone who sells drugs; whereas only 39% have the same opinion with regard to consumption. And, if only 5% believe that traffickers should *never* be punished with imprisonment, a much higher percentage (29%) stated that such a penalty should *never* be

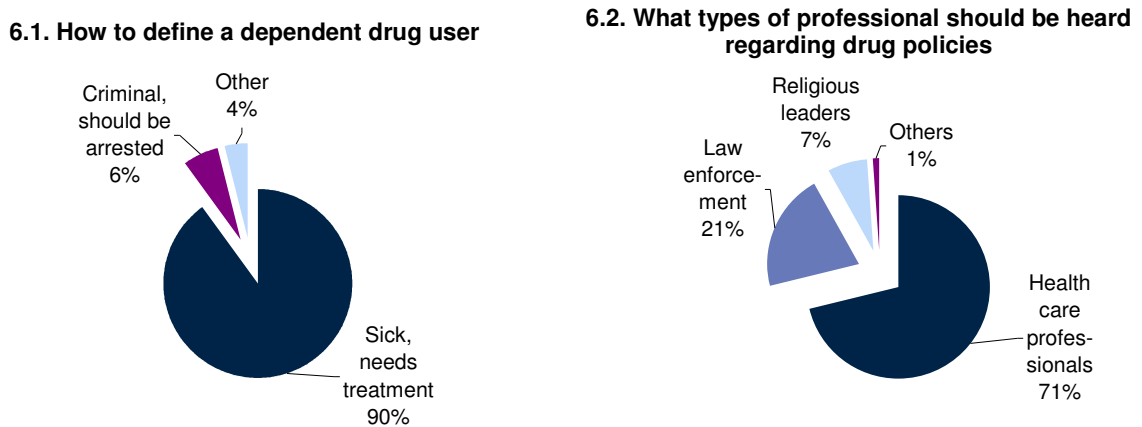
applied to drug users.

**Graph 5 – Support for a prison sentence for the sale and consumption of drugs**  
(% of respondents)



Another indication of a more flexible view of the user is the fact that 90% of respondents define a dependent drug user as a person with a disease who needs treatment, versus only 6% who consider him a criminal that should be arrested. Furthermore, over 70% think the decision about drug-related laws and policies should be based primarily on the opinion of health professionals, against 21% who give more weight to the voice of the legal professionals and 7% to religious leaders (Graph 6).

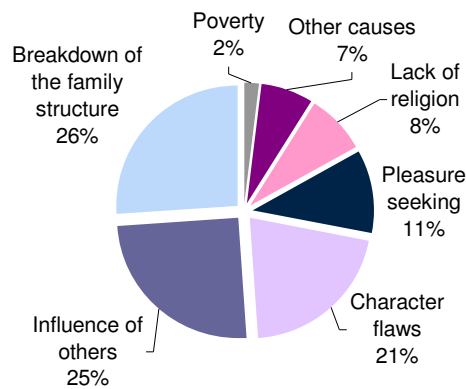
**Graph 6 – Definition of dependent drug users and indication of the professionals who should be heard regarding drug policies** (% of respondents)



This view of the user seems related to the opinions about the reasons that lead someone to consume drugs. Confronted with a closed question about the etiology of consumption, less than one-third of the people interviewed pointed to merely individual causes, such as "pleasure-seeking" or "weakness of character." Approximately 60% brought up motivations that are largely external to the will and choices of individuals, such as "breakdown of the family," "influence of others," "lack of religion" and "poverty," which somehow would make the user, first and foremost, a victim of his/her life circumstances (Graph 7).

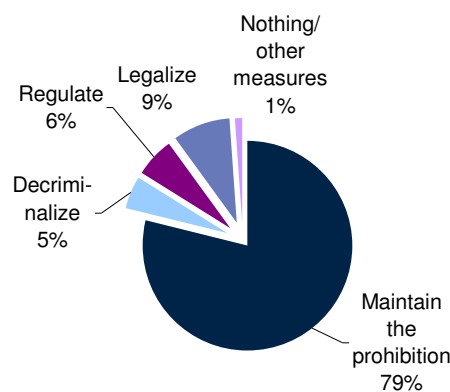
Of note is the low weight of the religious factor in both the attribution of causes for consumption and, as seen above, the indication of who should be heard in decisions about legislation and drug policy. Later, it will be shown that there is indeed some correlation between prohibition and religious affiliation, but that does not generally lead to accepting the idea, current in literature and in the anti-prohibition movements, that the prohibitionist attitude is based on a Puritan moral, or a confessional basis.

**Graph 7 – Main cause of drug consumption**  
(% of respondents)



When asked, presenting a closed alternative, what measure the government should adopt in relation to drug use, nearly 80% answered "maintain the prohibition" (Graph 8). Viewing this result from another angle, one could highlight the fact that 20% of Rio's residents have already admitted the need for some sort of easing of the current policy, whether in the form of legalization, regulation or decriminalization of consumption – a not so insignificant percentage as a starting point for a debate that still is in its early stage in Brazil. It is also interesting to note that, within the minority against prohibition, *legalization* of consumption is the alternative with the highest number of approvals.

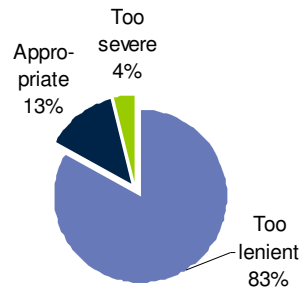
**Graph 8 – What the government should do about drug consumption**  
(% of respondents)



### 2.3. The laws?

No less than 83% of the sample rated Brazilian drug laws as "too lenient" and 13% considers them adequate (Graph 9). This may be related to the fact that the question did not distinguish between trafficking and consumption, a distinction, which, as we have seen, can make a big difference in the attitudes of respondents.

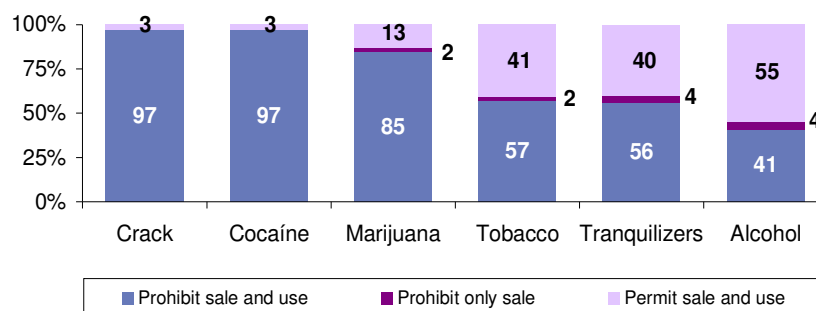
**Graph 9 – Evaluation of the strictness of Brazilian drug laws**  
(% of respondents)



The prohibitionist bias is confirmed in the answer to another question about drug policy, broken down by type of substance (Graph 10). Among the illegal drugs today, only marijuana receives a significant percentage (15%) of approvals for "permission" for consumption and sale, or at least consumption; whereas in the case of cocaine and crack, practically all respondents support banning sale *and* consumption.

It can also be seen (which is most astonishing) that most respondents would also support extension of the prohibition to substances that today are legal, such as tobacco and tranquilizers. Not even alcohol escapes this markedly prohibitionist view: no less than 45% of respondents in the survey would also prefer that the sale and/or use of alcoholic beverages were also banned in Brazil. According to this viewpoint, it seems that today the difference between legal and illegal drugs should be abolished through the criminalization of the former and not by decriminalization of the latter.

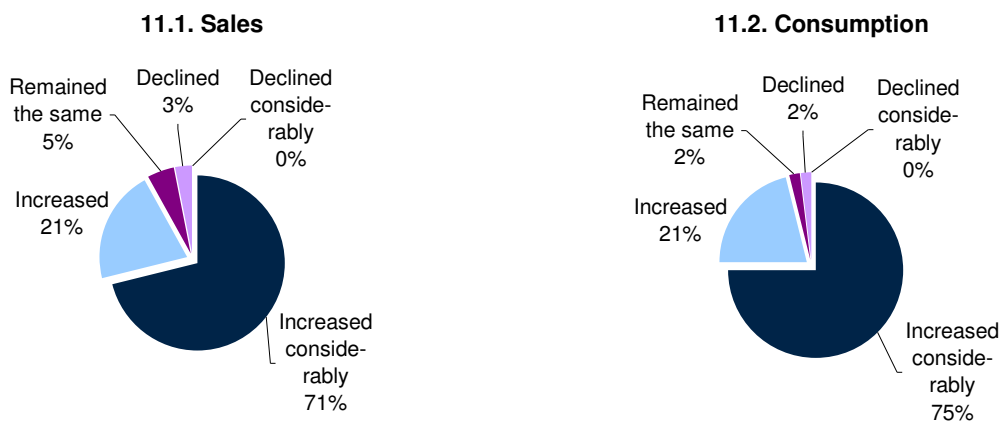
**Graph 10 – Opinion about the policy to be adopted for each type of drug** (% of respondents)



Even among those who admitted consuming illegal substances, there is a strong prohibitionist view: 45% of those who declared themselves to be users of illegal drugs would like to see the use and sale of tranquilizers banned; 94% want to continue the ban on consumption and trafficking of crack; and 89% think the same about cocaine. Although much smaller, there is also a significant portion of users (23%) who would prefer to see the prohibition of the sale and use of marijuana maintained.

General beliefs about the need for the legal ban are accompanied by the impression that both drug trafficking and consumption are increasing (Graph 11): respectively 92% and 96% of respondents believe that drug trade and use increased over the past five years, which possibly leads them to think that any decriminalization initiative would be very risky and it would be necessary, instead, to further toughen the legislation.<sup>4</sup>

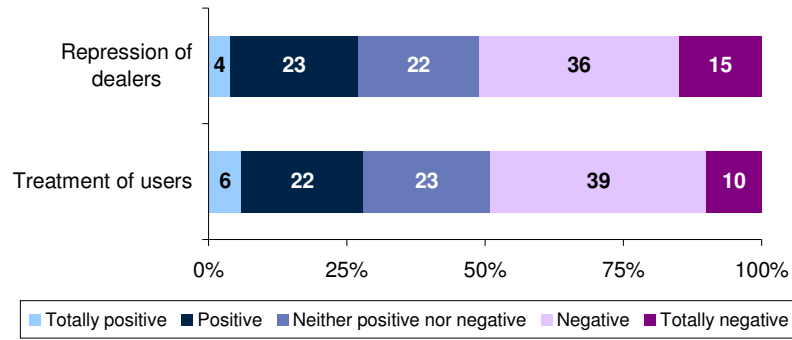
**Graph 11 – Perception about the growth in drug sales and consumption over the past 5 years**  
(% of respondents)



As Graph 12 shows, about half of the people who were interviewed evaluate the policy of combating trafficking or the treatment of users negatively or very negatively, and just over 20% do not consider the two policies to be either positive or negative; i.e. they judge both government policies in the field of drugs as innocuous. The vast majority of respondents, therefore, is not satisfied with the policies of combating trafficking and treatment for users, and perhaps believes that the prohibitionist paradigm has not been fully tested. Another possible interpretation is that people defend the permanence of the prohibition of trafficking and use not because they believe that this works as public policy, but rather because they fear that decriminalization would lead to a worse outcome.

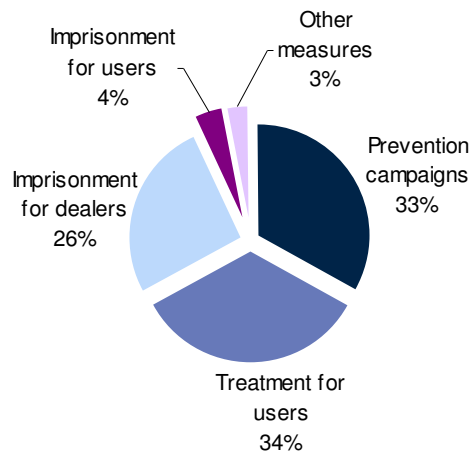
<sup>4</sup> According to official data from SENAD - the National Drug Policy Secretariat (2010) and the UN (2013), only the use of cocaine has been rising in a statistically significant manner in Brazil.

**Graph 12 – Evaluation of the repression policy for trafficking and treatment of users**  
(% of respondents)



As for measures aimed specifically at reducing drug use, the trend, however, is to focus on the treatment of users and the running of awareness and prevention campaigns, instead of outright repression of dealers or consumers (Graph 13). Only 26% of respondents believe the arrest of traffickers is the measure that would most reduce consumption and the share of those who believe the arrest of users could have an impact in this regard is even lower: 4%. This shows that the prohibitionist stance is largely unrelated to the belief in strict punitive measures as a solution to the problem of increasing consumption.

**Graph 13 – Measure that would most reduce drug consumption**  
(% of respondents)



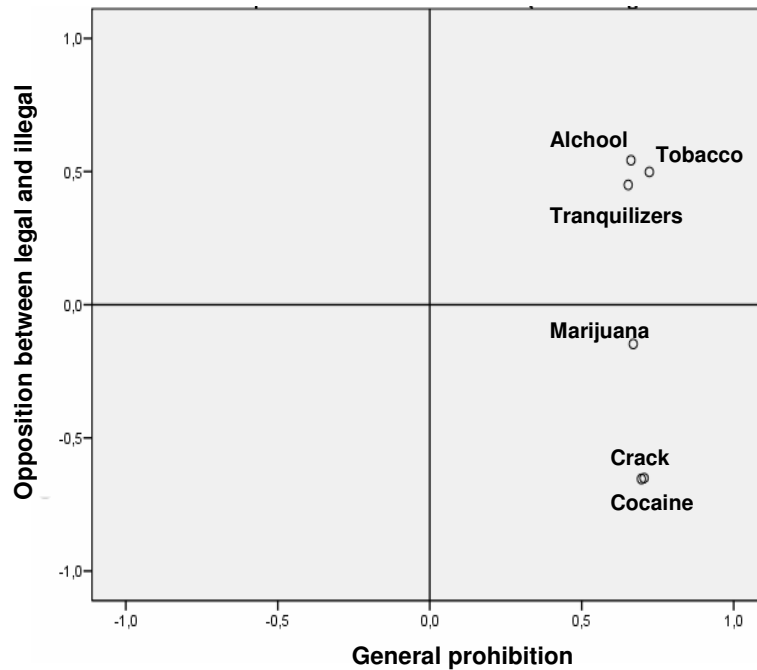
**2.4. Marijuana: next on line for decriminalization?**

As we have seen, the attitudes toward drugs also vary according to the type of substance considered (Graph 10). To better grasp this aspect, opinions about what should be done for each of the six drugs listed in Graph 9 were subjected to factor analysis and this enabled us to identify clearly two factors: the first expresses a general trend to ban everything that is identified as a "drug," in which the six substances rank similarly; and the second, independent of the previous factor, expresses the tendency to differentiate between legal and



illegal drugs. The score of each substance in both of the factors is shown in Graph 14, below.

**Graph 14 – Dimensions that orient attitudes regarding drugs**



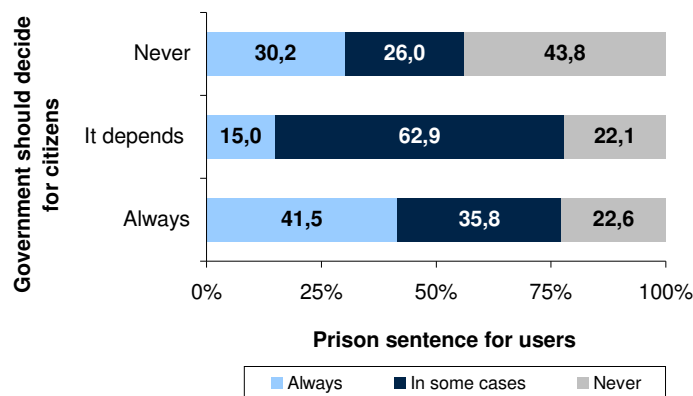
The two factors explain 74% of the variance in the responses obtained. That is, we can predict with high probability what a person will answer in relation to a substance if we know what is his/her tendency in these two dimensions. Thus, some people would tend to adopt a position in favor or against the prohibition of all drugs, while others would choose to differentiate between legal and illegal drugs. Graph 14 shows that crack and cocaine are perceived to be equivalent (contrary to the expectation that crack would generate even greater rejection), and alcohol, tobacco and tranquilizers also form a homogeneous cluster. This means that those who defend the prohibition or liberalization of each of these products tend to have the same opinion about the other two. Nevertheless, marijuana appears in an intermediate position between cocaine and crack on one side, and legal drugs on the other. This result is consistent with the discussion in the focus groups, in the sense of indicating marijuana as a substance whose decriminalization is less opposed than that of the other currently banned drugs. Perhaps this is so not only because there is a perception of this substance as being "lighter," less harmful to health than the others, but also due to its higher visibility, so far, through the specific movement for marijuana legalization in Brazil - with marches, campaigns and distinguished supporters including politicians, artists and even the former president of the Republic, Fernando Henrique Cardoso.

## 2.5. Convergences and ambiguities of prohibition

Despite the strong support for prohibition, perceptions about drug policy captured by the survey show ambiguities and contradictions, which suggest there is no particularly structured and consolidated view regarding the subject nor, therefore, an impenetrable barrier to reflection and debate.

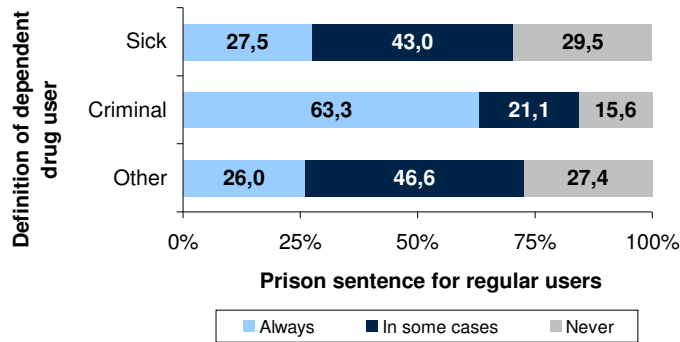
On the question of whether or not the government has the right to decree what substances an adult may or may not use, 29% answered that it should *never* decide that - the same percentage as those who say that the user should *never* be arrested (see Graph 5.2 above) and slightly lower than the proportion of those who believe that recreational drug use by adults should be considered an *individual right* (35%). Apparently, therefore, about one-third of respondents show remarkable consistency regarding the perception of drug use as an exercise of individual liberty, which should not be curtailed by the State. However, when we cross two of these responses (Graph 15), the impression of coherence fades, because among the 29% who think the government should never decide such things for adult citizens, more than half say that the user should always (30%) or, at least, in some cases (26%) be locked up.

**Graph 15 – Opinion regarding prison sentences for drug consumption, according to the assessment of the right of the government to decide which substances can be consumed by an adult (% of respondents)**



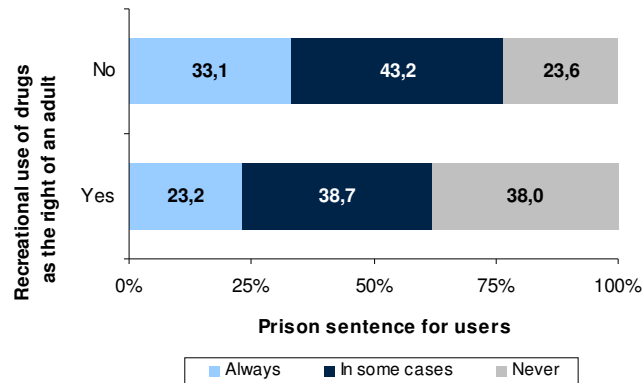
Another apparent contradiction in the prohibitionist logic is the fact that among the 90% of respondents who define the dependent drug user as a patient who needs treatment, the majority believe that regular users should be always arrested (27%) or at least in some cases (43% – see Graph 16). This implies saying in another way what had already been noted above: there seems to be neither necessary, nor automatic, association between believing the dependent drug user to be someone who deserves to be "treated" and defending decriminalization.

**Graph 16 – Opinion regarding prison sentence for consumption of drugs, according to way the dependent drug user is defined (% of respondents)**



A third ambiguity lies in the fact that 35% of those interviewed state recreational use of drugs by adults should be considered an individual right; but within this same group, 23% deem that the user should always be arrested, and 38% believe this should happen in some cases (Graph 17). However, since neither the questions, “*in which cases* prison would be appropriate?” nor “what kind of drugs does the answer refer to?” were asked, some hypotheses can mitigate this apparent contradiction: for example, it is possible that the idea of “recreational use” is associated on the part of the respondents mostly with the use of legal substances and, as a consequence, prison for users is being considered for the case of illegal drugs. Another possibility (which does not exclude the first) is that respondents imagine that, even when it is an individual right, recreational use may lead to situations of risk or damage to third parties and, in such cases, could be punishable by imprisonment.

**Graph 17 – Opinion regarding prison sentences for the consumption of drugs, according to the assessment of the use of recreational drug use as an individual right of adults (% of respondents)**

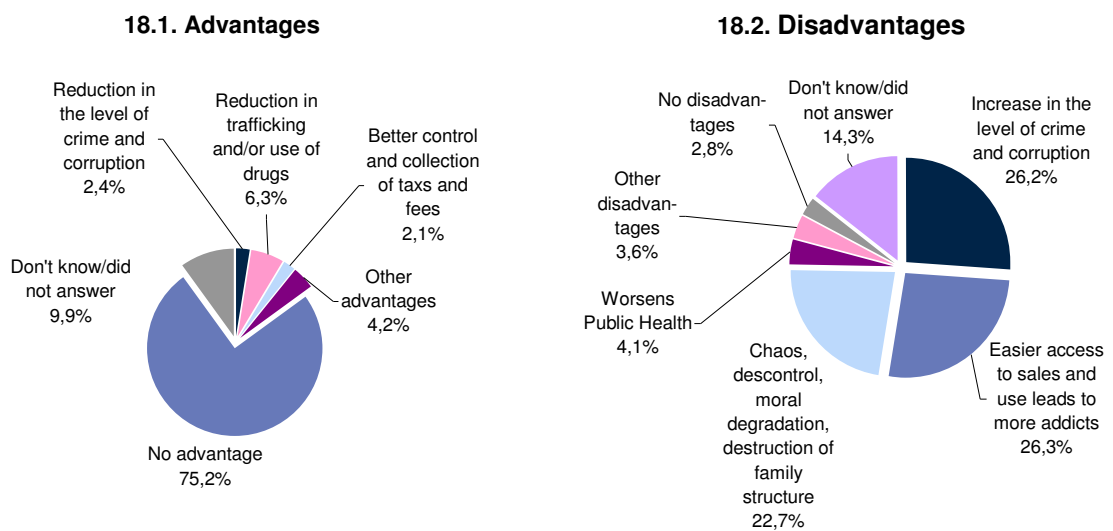


## 2.6. Decriminalization: the apocalypse

The possibility of decriminalizing the sale of illegal drugs today tends to be perceived by respondents as the proclamation of a catastrophic scenario. The two answers to the questionnaire’s only open questions, referring precisely to the advantages and disadvantages of decriminalization, attest to a strong fear of chaos, disorganization, lack of control and degradation, which far outweigh the perception of possible gains in moving to a more liberal policy (Graph 18). Three-quarters of the respondents said they saw *no* advantage in decriminalizing the trade in these substances and about the same proportion said such a measure would create chaos, increase violence and corruption and lead to more drug use. Again, however, it is important to note the not inconsiderable number of 15% of respondents who see some sort of advantage in decriminalization, such as reducing drug trafficking and/or consumption, reducing violence and corruption, and allowing for greater control over the sale and use of drugs and higher tax revenues.

Other questions (closed) about the possible specific effects of decriminalization mostly generated replies marked by apprehension and fear: 86% believe drug use would increase; 75% think violence would rise; and 63% imagine there would be more corruption.

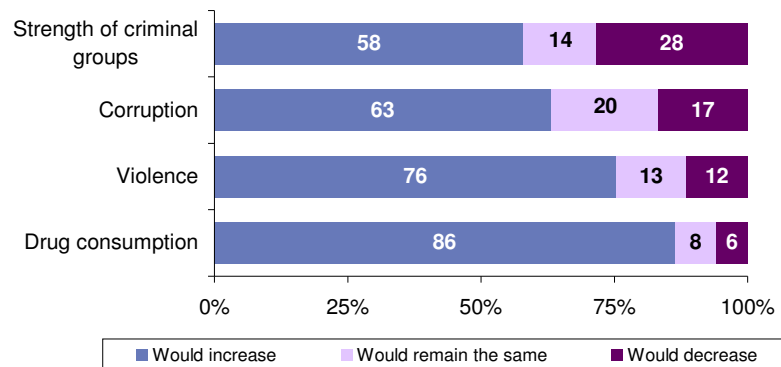
**Graph 18 – Opinion about the advantages and disadvantages of the decriminalization of the sale of drugs (% of respondents)**



One of the fears that emerges in 26% of the responses about the disadvantages of decriminalization, and that also emerged in the focus groups, is that a change could trigger a race to consumption, as if current non-drug users were being restrained solely and exclusively

by legal restrictions. Indeed, when asked directly about what they believe would happen in relation to drug use, violence, corruption and the power of criminal groups if the ban were lifted, most respond that everything would increase, but the highest proportion (86%) belonged to the group that expected an increase in consumption (Graph 19).

**Graph 19 - Opinion about what would happen if drugs that today are illegal were decriminalized (% of respondents)**

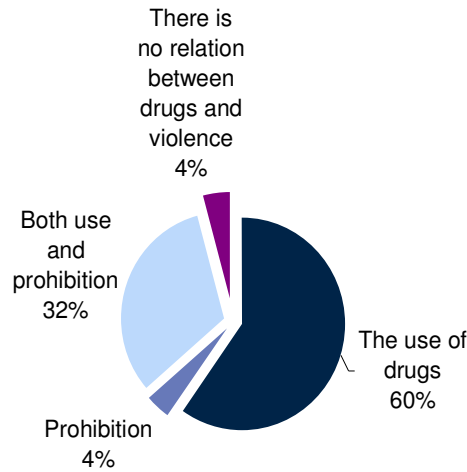


Interestingly, this conflicts with the notion of the majority of respondents that the causes of drug use lie in the breakdown of the family, the influence of third parties or in material or spiritual needs (see Graph 7 above), which have little or nothing to do, in principle, with their legality or illegality. Also, it conflicts with the result of another question, about whether the respondent would use illegal drugs that he/she today does not use, if they were legalized: 97% said no. That is, the absolute majority of respondents affirmed that decriminalization would in no way change his/her present choice of abstinence from currently banned drugs.

Both responses appear to indicate the legal barrier is not regarded as unconditionally decisive for the determination of consumption, because this would be based, in the opinion of the respondents themselves, on other motives and choice criteria. Nevertheless, the panic about the possibility of a "race to drugs" seems to swamp any other type of consideration.

The scenario envisaged becomes even more dramatic because of the strong bond that is established between drug use and violence. As shown in Graph 20 below, 60% of the people surveyed believe that violence stems from the consumption, suggesting agreement with the idea that users would be ultimately responsible for violent crime. It should be noted, however, that a significant portion (32%) believe violence to be the result of the *combination* of consumption and prohibition and another, much smaller group (4%), considers prohibition, itself, the cause of drug-related violence.

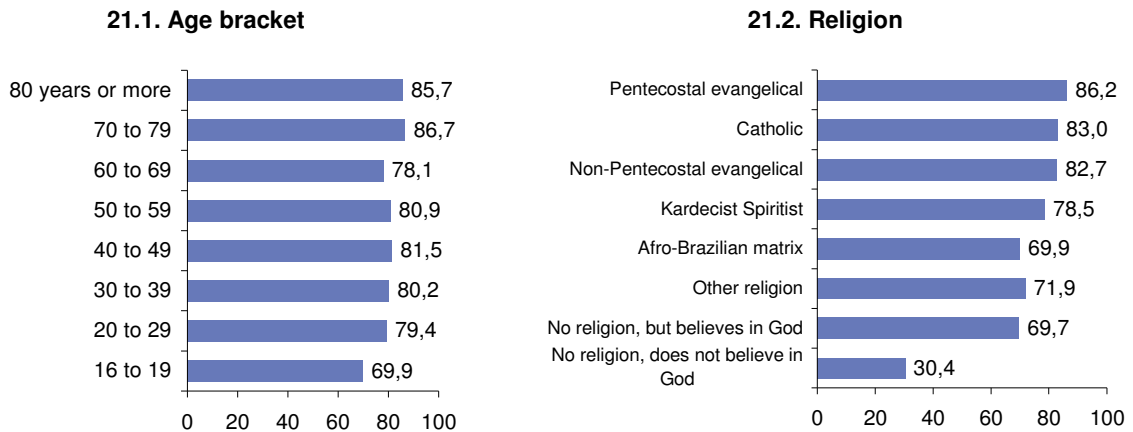
**Graph 20 – Opinion about what causes drug-related violence (% of respondents)**



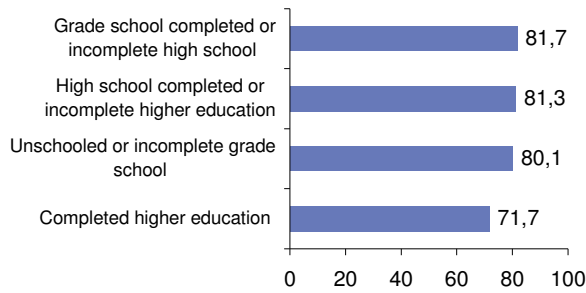
**2.7. The prohibitionist profile**

Although, as we have seen, most people defend continuation of the prohibition of the consumption of drugs that are illegal today, the analysis of data by age, religion and education level brings up some significant variations. Graph 21 below shows the percentages are higher in the upper age brackets (70 or older) and among Pentecostal evangelicals, and a little lower among teenagers, college graduates, members of Afro-Brazilian religions and those who declare themselves atheists (the latter, however, represent only 1.1% of the sample). For its part, living in a *favela* or not apparently has little or no impact on the overall result.

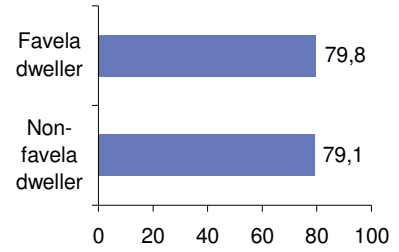
**Graph 21. Proportion of persons favorable to maintaining the prohibition of the consumption of drugs that are illegal today, according to age bracket, religion, level of education and whether living in a *favela* or not (in %)**



**21.3. Level of education**

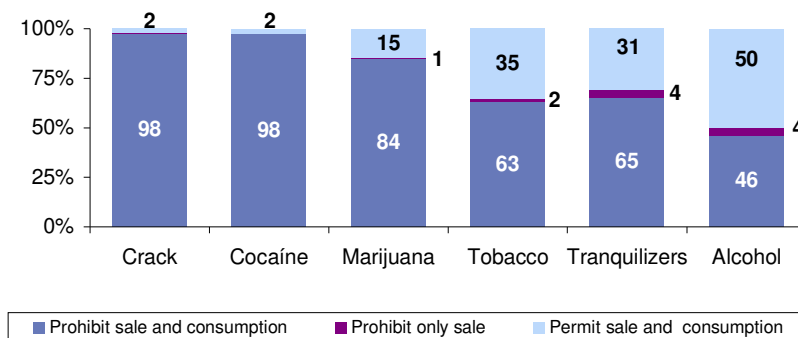


**21.4. Area of residence**



However, when breaking down responses by type of drug, *favela* dwellers reveal a higher inclination toward prohibition than do non-residents, whether in relation to illegal drugs or, more importantly, in relation to currently legal drugs (Graph 22): 50% would like to see the criminalization of the selling and/or use of alcoholic beverages (5% more than in the overall sample); 65% would like to ban tobacco (6% higher than the average) and 69% would banish the purchase and sale of prescription drugs(9% above the sampling average).

**Graph 22 – Opinion about the policy to be adopted for each type of drug**  
(% of respondents who are *favela* dwellers)

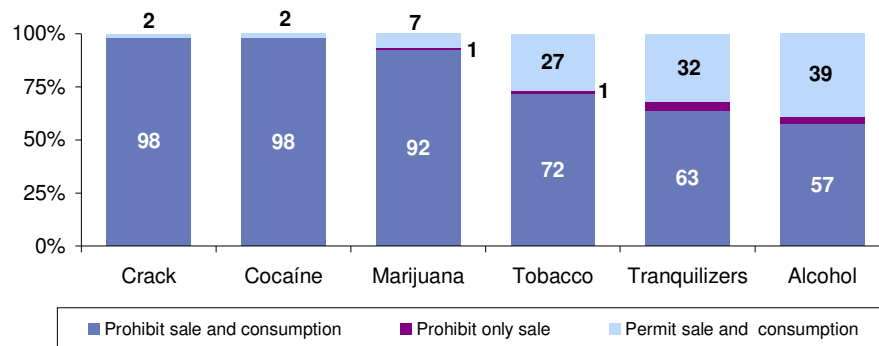


Even more pronounced is the distance between Pentecostal evangelicals and the average respondent with regard to the inclination to prohibit the sale and consumption of legally permitted drugs (Graph 23): 60% would like to ban alcohol (15% higher than the average); 73% would ban the sale of tobacco (14% more); and 68% would criminalize prescription drugs (7% more than the sample). Pentecostals also are more prohibitionist than the average with respect to consumption and sale of marijuana: 92% want to continue its prohibition, against 85% of overall respondents. Taking into account that the position of this group "drives up" the average itself and, moreover, may be over-represented in the sample (see section 1.1), their differential support for prohibition is probably even higher than that demonstrated in the aforementioned distances. Although a minority in the Brazilian

population (13.3%, according to the 2010 Census), it is, as already stressed in the introduction to this report, a segment with strong representation in Congress and, therefore, considerable influence on the direction of drug policy.

However, the survey data show that, with respect to drugs, we should not credit the prohibitionist trend of respondents mostly or only to a certain type of religious affiliation, or even to a general moral religious background because the same trend is found among a majority of people with other affiliations and even in the segment that declares no religion. Only atheists, representing just over 1% of the sample, depart from this rule.

**Graph 23 – Opinion about the policy to be adopted for each type of drug**  
(% of Pentecostal evangelists)



There is some variation, also, between regions of the city, with the poorest (North and West zones) tending more toward prohibition and the wealthier area (South Zone), a little less. But, both in relation to this one and to the preceding variable, the differences are relatively small, if not yet negligible, within a mostly prohibitionist universe.

Using a multivariate analysis, it is possible to better clarify the profile of this prohibition bias. The importance of the multivariate analysis lies in the fact that, generally, the independent variables are correlated with each other, so that when controlling the effect of one, the impact on the others may not be significant. For example, both income as well education can have a significant effect on a bivariate analysis, but the multivariate analysis may reveal that only one of them (say, education) affects the dependent variable, whereas the impact of the other in the model is only due to its correlation with the first one. In our case, the multivariate analysis makes it possible to define the prohibitionist profile, isolating the variables that effectively impact the attitude towards drugs.

Subjecting all variables that correlated with the prohibition bias to a multiple regression analysis, some proved non-significant (considering a significance level of 0.01, taking into account the relatively large size of the sample), such as gender, religion, having



colleagues who use drugs and smoking tobacco. The final model, with only the significant variables, is shown in Table 3 below.

**Table 3. Profile of the prohibitionists: multivariate analysis**

Model		Unstandardized Coefficients		Standardized Coefficients	t		Sig.
		B	Std. Error	Beta	B	Std. Error	
1	(Constant)	2,330	,087		26,789		,000
	Age in years	,004	,001	-,141	-6,465		,000
	Schooling level	-,046	,011	,098	4,373		,000
	<i>Favela</i> dweller	,112	,024	-,106	-4,727		,000
	Consumes alcohol	-,101	,010	-,221	-10,215		,000
	Uses prohibited drugs	-,100	,020	-,106	-4,917		,000

Dependent Variable: Prohibition bias

In short, the profile of those most likely today to maintain the ban on the sale and consumption of illegal drugs are older people with little schooling, *favela* dwellers and non-users of alcohol or prohibited substances. Very similar traits characterize those who would like to extend the ban to the currently legal drugs, such as alcohol, tobacco and tranquilizers: they are older people, with little schooling, *favela* dwellers and non-alcohol users. The only non-significant variable, in this case, is abstinence from illegal substances.

Finally, the analysis of the factors that condition the prohibitionist view of illicit drugs today (Table 4) points to school background (the higher the level of education, the lower the support) and the consumption of alcohol and illegal drugs (higher consumption, lower support) as significant variables. The broad consensus, as we have seen regarding the continuance of the illegality of such drugs, leads to the profile having a much lower impact in this case - except for the schooling and consumption variables - than in the attitude towards the drugs that are legal today, where there is greater divergence and, therefore, more influence of the respondents' personal or social traits.

**Table 4. Factors conditioning the prohibitionist attitude towards illegal drugs: multivariate analysis**

Model		Unstandardized Coefficients		Standardized Coefficients	t		Sig.
		B	Std. Error	Beta	B	Std. Error	
1	(Constant)	1,822	,061		29,633		,000
	What was the highest grade you attended?	-,020	,008	,058	2,684		,007
	Do you consume alcohol?	-,035	,007	-,103	-4,688		,000
	Do you use some type of illegal drug?	-,163	,015	-,235	-10,702		,000

Dependent Variable: Illegal drug prohibition bias

### 3. Conclusions

Although the results of the survey point to a marked level of resistance to a more flexible drug policy in Rio de Janeiro, it is worth noting some indications that suggest that the idea of a prohibitionist bias that is monolithic and totally impervious to alternative arguments is relative:

- a) 15% of respondents are in favor of decriminalizing the sale and/or consumption of marijuana.
- b) 20% support some kind of more flexible policies regarding drug consumption (decriminalize, legalize or regulate).
- c) 90% define the dependent drug user as a patient who needs treatment and not as a criminal who should be arrested. Although this viewpoint does not necessarily exclude the repressive bias (e.g., support for compulsory treatment), it opens the way for dealing with the problem, at least with regard to the consumer, as a public health problem, which is an improvement over maintaining it entirely in the criminal sphere.
- d) 60% attribute the motivation of drug use to social, family and religious factors independent of whether the substance is legal or illegal.
- e) 97% of those who today do not consume illegal drugs say they would not consume them if they were legalized, reinforcing the idea that the impact of prohibition over consumption is limited.
- f) 67% believe the most effective measures to reduce drug use would be awareness campaigns or treatment of users, compared to 30% who bet on the arrest of dealers or consumers as the best consumption containment strategy.
- g) 15% argue that decriminalization would bring benefits, such as reduced violence and corruption, lower consumption and trafficking, or increased tax revenues; 28% believe that it would diminish the power of criminal groups; 17%, think it would weaken corruption; and 12% believe that it would reduce violence.
- h) Although only 4% attribute the drug-related violence purely and simply to its prohibition, 32% consider that it is the *association* of consumption with prohibition that fuels such violence, to some extent moving away from the majority's linear thinking, according to which consumption, in and of itself, generates violence.

## Chapter II

### The Focus Groups

#### 1. Overview

Focus groups are a feature of qualitative research aimed at understanding the formation of processes of perceptions, attitudes and representations. This is not a group interview. The emphasis is on the interaction between people and the understanding of the play of influence that forms opinions about a certain topic. It is believed that conversations in small groups (with people who do not know each other, but have some common features, when mediated by a trained professional) tend to reproduce, in the give-and-take of the conversation, the dominant discourse about determined topics. Thereby, it is possible to test the repertoire of discursive and logical reasoning that circulates socially in the formation of social perceptions and attitudes shared by social groups. Likewise, focus groups are particularly suited to assess the influence of specific new arguments or new evidence on people's perceptions.

To organize the focus groups for this research project, CESeC hired ELO Research, which has been working in the city of Rio de Janeiro for the last ten years with the recruitment of groups for different kinds of research and has more than two dozen regular clients. ELO is located in Botafogo, in the southern area of Rio, where it has two rooms designated for focus groups, both equipped with two way mirrors. To moderate the discussions, CESeC invited Monica Machado Cardoso, a professor in the School of Communication (Federal University of Rio de Janeiro) with more than 20 years of experience conducting focus groups. All the focus groups were video-recorded and each group was observed by at least three of the permanent consultants who were responsible for registering the content of the discussions and later analyzing them.

Two rounds of focus groups were planned. The first one meant to discuss topics that would be explored in the questionnaire used in the subsequent step, the quantitative research. The second round of focus groups discussed anti-prohibitionist arguments, constructed from the results of the survey itself, the first groups and the in-depth interviews, in such a way as to measure the impact of each of them

There were a total of 13 focus groups and 122 people took part in these groups. A complete analysis of both rounds of focus groups may be found in Annex 2.

## 2. First round of focus groups

### 2.1. Basic information

The first round of focus groups took place during the months of October and November 2012, they involved a total of 76 men and women and each of the meetings lasted for at least two hours.

There were seven groups and each of them brought together between 10 to 12 individuals, with the following profiles:

- Group 1 – Drug users from low income areas
- Group 2 – Drug users from middle and upper income areas
- Group 3 – Family members of drug users from low income areas
- Group 4 – Family members of drug users from middle and upper income areas
- Group 5 – Health care professionals
- Group 6 – Law enforcement professionals
- Group 7 – Religious leaders

The general outline used to conduct the focus groups was the following:

- Is there anyone close to you who is a regular drug user?
- What is the impact of drug use on the lives of these people?
- Why do you think people use drugs?
- What explains the difference between legal and illegal drugs?
- Should an adult be free to use whatever substances he or she chooses to use or should the State decide which substances may or may not be used?
- What is the impact of the consumption of illegal drugs in society?
- What do you think about the legislation and the public policies regarding the issue of drugs in Brazil today? Are they effective? Should they be changed?
- Do you believe the use and trafficking of drugs should be prohibited? Use only? Trafficking only?
- Which group or groups in society should have the final word (“greatest weight in the formulation of”) in the legislation and the public policies on the issue of drugs – health-care professionals, law enforcement professionals or religious leaders?
- In your opinion what would happen if the drugs that are illegal today were legalized and treated the same way as alcohol and tobacco?

## 2.2. General results<sup>1</sup>

First of all, it became clear that there is no general perception of the drug issue as a whole and that this perception varies according to which substances are being considered. Marijuana represents one extreme of the spectrum, with more social support because, among other reasons, it is supposed to be less harmful to the health of individuals and its users are alleged to be more socially integrated than the users of other drugs. On the opposite extreme of the spectrum is crack cocaine, highly stigmatized, and whenever it is discussed there is a call for tougher measures to deal with it. The crack cocaine user is seen as a dangerous risk to society and the image of such a user is linked to degradation and chaos, also associated to a lack of control over drugs by society itself. Even marijuana users reinforce this dichotomy and try to build a positive self-identity versus that of the crack cocaine user.

There is general consensus about the absolute failure of present public policies in the area of drugs, which neither stop consumption nor deal with the effects of drug use. On the other hand, enforcement of the present legislation is considered heterogeneous and discriminatory, always favoring those who have more power in society. It became clear that participants believe Brazilian legislation regarding drug use, which has been in place since 2006, leaves a lot of room for discretion among policemen and judges and ends up favoring young, white middle class kids in contrast with black and disadvantaged young men living in *favelas*, for the simple fact that there is no precise definition as to the amount of drugs one may carry to be considered a user and not a trafficker.

When considering this scenario, the focus groups participants, as an average, seemed to embrace basically two options, although there are subtle differences between them: 1) advocating tougher legislation, especially by those who have daily contact with heavy drug users; and b) decriminalization, supported by a minority of the participants, mainly those with higher levels of education, especially those professionals working either in the mental health or the criminal justice system. Among health care and law enforcement professionals, the discussion became more technical, less moralistic and thus they seem to be open to a significant degree of elaborate reflection over different issues — among them, the cost-benefit perspective. Just the opposite was perceived among religious leaders, who openly manifest a moral condemnation of drug use leaving no room for discussion.

Among the families of drug users there is often a strong feeling of guilt for not being able to help their children or close relatives overcome their drug problems, which they mostly

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<sup>1</sup> Considering what came up in the discussions of the seven groups, the above summary is an attempt to cover the basic ideas present in the groups as a whole. Annex 1 brings a more detailed summary of the discussions held in each and every focus group.

do not want to admit. The way out is to blame the State for not being able to provide support or to successfully prevent the sale of drugs.

The belief in individual freedom is powerful and was raised in most groups, but it is not strong enough to overcome what is perceived to be the need for the State to take responsibility for protecting men and women in society from the harm represented by drug use. Despite the overall recognition that the present model of dealing with drugs has completely failed, the dominant perception is that decriminalization would generate even more problems.

Among those in favor of prohibition, decriminalization is viewed as an apocalyptic scenario that would lead to unlimited drug consumption and social chaos. In other words, people implicitly believe only prohibition can contain the primitive desire for drugs, which is assumed to be an extremely powerful, almost an instinctive drive that could only be contained by an authoritarian intervention. Thus, the Family and the Church, as institutions that may have preventive power, along with the repressive power of the State, evoke the paternal and authoritarian figure that may educate citizens and impose limits to the excesses, which otherwise are bound to happen.

Another argument often raised against decriminalization concerns what is supposed to be the cultural stage of development of society in Brazil, viewed as underdeveloped, coupled with the perception that laws are not respected here, which makes it very difficult to try to implement more liberal measures even though they may work in other countries.

There is no consensus about the impact decriminalization might have over drug trafficking – some believe that it would reduce violent crime and violence in general, whereas the majority appears to believe that they would increase or continue at present levels. Even those who support decriminalization view the possibility of the State providing drugs with considerable misgivings.

Both groups – those that favor and those who do not favor decriminalization - agree that it is the elite that carries on the fight against prohibition, particularly in relation to marijuana. This phenomenon, considered to be related either to economic interests, a new “fashion” or to a greater capacity of reflection by a small number of groups, is perceived as something that may indeed help change the model society uses to deal with the issue of drugs; but it may also help build resentment among the poor. Considering this background, a referendum on the need to change the present legislation in the area of drugs, to make it more flexible and less rigorous, is seen as a possible scenario of confrontation between society as a whole and a liberalizing elite, exactly as it happened in the referendum on disarmament.

It should be mentioned that the majority of the participants in each and every focus group stressed the need for more discussion of the drug issue. From users to family members of drug users of different social strata, from health care professionals to those who work in the criminal justice system and even among religious leaders, there is widespread recognition that there is very scarce information and very little discussion of the subject in society. It is interesting to note that even health care professionals who deal in their daily activities with drug users and their families and professionals in the criminal justice system (from judges to policemen) admit the lack of forums for discussion, not only among colleagues in the same profession but also with professionals from other areas.

At the same time it was very clear that most of the participants in all focus groups lacked some very basic information about drug use, its developments in recent years, the experience of countries that are trying alternative approaches to deal with drug use and some of the most recent discussions of the subject in general.

### **3. Second round of focus groups**

#### **3.1. Basic information**

Six meetings were held in the second round of focus groups, each with 6-8 people, in order to test arguments used in defense of the anti-prohibitionist viewpoint. As already mentioned, the choice of these arguments was based on the results of the survey, the results of the first round of focus groups and in-depth interviews conducted in this research project. The groups were formed taking into account characteristics (age and education) that are relevant in the frequency distribution of perceptions and attitudes about drugs, considering the results of the survey conducted with a representative sample of the population of the city of Rio de Janeiro within this project.

The six groups met between June 12 and 25, 2013 and totaled 46 participants. They were organized by education and age and all were comprised of men and women in similar proportion:

- Group 1 – 18 to 29 years old, up high school (completed or not)
- Group 2 – 30 to 49 years old, up high school (completed or not)
- Group 3 – 50 years old and over, up high school (completed or not)
- Group 4 – 18 to 29 years old, higher education (completed or not)
- Group 5 - 30 to 49 years old, higher education (completed or not)
- Group 6 – 50 years old and over, higher education (completed or not)

It is interesting to note that the education level variable also modulates participants by income level, with the groups with higher levels of education closer to what we know either as the South Zone middle class or the affluent northern neighborhoods, and the groups with incomplete high school education fall into the lower middle class suburban or the working class groups.

To encourage the discussions, the following subjects were raised:

- What do you think of the laws and policies related to drugs today? Have they met their objectives? How could they be improved?
- Has your opinion about drugs changed over the past few years? If so, in what sense?
- In relation to the drugs that are now banned, do you think the use of these drugs should continue to be considered a crime?

After the initial discussion of these topics, six arguments were presented, one at a time, and there were displayed on a television screen while they were read aloud by an anonymous voice.

The following arguments were presented for discussion:

- **Argument 1.** Drugs have always been used and it seems they will continue to be used. If we cannot do away with the drugs, would it not be better to find a way to live with them?
- **Argument 2.** Alcohol abuse is prejudicial to health, is addictive and is responsible for thousands of deaths worldwide. That is precisely the reason why there are rules for alcohol consumption. Couldn't the same be done with other drugs prohibited today, i.e., to regulate their consumption and sale?
- **Argument 3.** The law does not punish people when they hurt themselves. For example, those who attempt suicide receive medical help but do not go to jail. Shouldn't drug use be a right of every person when the user does not cause harm to others?
- **Argument 4.** Prohibition makes drugs illegal, and the drug trade is now associated with violence and corruption. If the State were to regulate the sale and consumption of the drugs which are prohibited today, removing them from the black market as we do with alcohol and cigarettes, couldn't this reduce violence and corruption?
- **Argument 5.** Portugal, in 2000, decriminalized the use of all drugs and invested resources in the treatment of users. Ten years later, there was a reduction in the consumption of marijuana, cocaine, heroin and LSD among young people aged 15-19. Couldn't this type of measure work in Brazil?



- **Argument 6.** The jails are full of young men and women convicted of drug trafficking who became involved in this illegal market but this does not solve the drug problem. Wouldn't the money spent on imprisonment be better invested in social and health policies?

### 3.2. General results

Initially, it is worth noting that the repertoire of phrases, ideas, impressions and experiences reported in the groups is abundant and creative, no matter the direction each group took. Thus, even in debates where a more "prohibitionist" viewpoint prevailed from the beginning till the end, it was possible to find flashes of liberalism. Likewise, in the groups in which the dynamics led most participants to revise their original views and a less repressive view about drugs prevailed, even then it was possible to find abundant illustrations of more traditional stances. Thus, described below are only the most recurrent or most expressive ideas and the strongest phrases or most predominant reactions to the prevailing arguments tested in each meeting. Also presented is a description of the dynamics of the group relative to the acceptance of less repressive ideas about drugs.

It should be noted that the completion of this second round of groups was extremely important, not only to test arguments, but also to understand some specific features of the debate on drugs in Brazil or to confirm and consolidate impressions that arose in the previous steps. The most obvious is the lack of precise information on this topic by most participants.

Even in groups of educated and young people, such as college students, the low level of information on the topic, the detachment from fact-based arguments and the loose use of ideas based on clichés and prejudice is surprising. Very few issues in Brazilian society could generate so shallow a degree of logical argumentation (with the exception, perhaps, of the topic of abortion).

Notwithstanding the lack of tradition of a debate about drugs, the circulation of a relatively important set of ideas that is being disseminated and appears to be socially shared is surprising.

Among them are the following: a) the concept of drug escalation, according to which the use of relatively milder drugs will invariably lead to heavy ones; b) the notion that the laws are lenient, regardless of the fact that almost no one knows the laws; c) the idea that drugs (illicit only) necessarily lead to lack of control; e) the denial that Brazilian society has made positive strides in regulating the sale and use of alcohol and tobacco, among others.

It is also curious how some information persists or becomes "established," despite the passage of time such as the example of Holland as a failed experiment or the public square

where drug users injected themselves. On the other hand, the groups confirmed there is complete ignorance about other experiences, such as those now taking place in Portugal and Latin America.

This round of focus groups confirmed that an obstacle to the general debate on the topic of drugs is based on the argument that politicians are corrupt, laws are not enforced, governments are of no use and the courts and the prison system are a complete failure. Nihilism, skepticism and sometimes cynicism are powerful justifications for not accepting new policies even when they may have worked out elsewhere. It is clear that there is a need to find ways to introduce the debate going beyond the logic of resistance to the mere hypothesis of change.

The differences modulated by social class, place of residence and educational background are striking when one observes the experiences with drugs, users and dealers within the same city. For the poorest residents of the suburbs, exposure to public consumption and crime associated with the sale and consumption of drugs is an everyday reality is one that is painful and sometimes menacing. Naturally, as do the wealthier residents of the south zone, these people coexist with drugs within their homes and among their acquaintances. Moreover, there is a clear perception that, even being banned, drugs are used and sold publicly and without police control.

Resistance based on arguments of a strictly moral nature - drugs are bad, the dealers are bad, users are wrong and those who want to legalize drugs deserve distrust - seem to be deeply rooted in the imagination of relevant sectors of society, leading to the following, apparently logical, arguments: "If the drug scenario is bad under prohibition, imagine what it would be like if they were permitted?" Or, "How can I be in favor of legalization if I think drugs are bad?"

The summary of each of the six groups is the following:

**GROUP 1 – 18 to 29 years old, up to high school (completed or not)**

A pessimistic view of the country, the laws, the politicians, the Legislative and Executive branches of power is predominant in the group. The possible solutions to the problem were repeatedly blocked by the idea that nothing that depends on public policy could work. The term "addict," associated with illegal drug users, exemplifies the theory of loss of control and the stigma applied to this group. Despite being young, a moralistic tone and closed mind prevails among the majority, who do not want to open up for discussion (a drug

is a drug; what is wrong is wrong).

One participant argued (timidly, but constantly, throughout the process) that marijuana should be decriminalized. That person remained isolated, but in the end there was recognition by some participants that the point of view had opened new perspectives: "It's the first time I heard what I heard".

Finally, of particular interest was the fact that, despite being young, the range of experiences of this group with the "drug world" has been far more painful than pleasurable. Drugs are related to crime, threats and degradation ("I see crack users every day, they enter the bus, they rob you").

### **GROUP 2 – 30 to 49 years old, up to high school (completed or not)**

A conservative view predominated in this group, which inhibited comments by two participants who initially seemed to have some different opinions from those of the majority, and less repressive than the others. All are opposed to decriminalization and the majority advocates tougher measures, including for users. The only small crack in this point of view at the end was in the sense that, even being against decriminalization, some believed there were well-intentioned politicians who could try to change the current situation. It was concluded the issue should be further discussed and more should be learned about Portugal, whose experiences were unknown to them. The example of Holland arose spontaneously, and with it the perception that Brazil is not prepared to adopt this type of policy. In the end, some relaxed their more prohibitionist positions: "If the government wanted to legalize drugs, there would have to be rules."

Most of the participants displayed curiosity about the subject and stressed there was lack of information but the general reaction to the arguments was to discredit or disagree with them. Even the case of Portugal, the argument that attracted the most attention, did not totally convince them.

### **GROUP 3 – 50 years old and over, up to high school (completed or not)**

Opinions were virtually unanimous: drugs are bad, the dealer is bad, must be kept locked up and users are dangerous. A strongly moralistic viewpoint circulated in this group: drugs are evil, good people would not want to even discuss the topic. There is an extraordinary lack of disposition to engage in real debate and the group could be defined as a "firewall": no contrary argument gets through. Thus, each argument tested seemed to trigger

an even more dynamic defense mechanism: “They want to release drugs, right? This will turn into a mess.”

**Group 4 –18 to 29 years old, higher education (completed or not)**

The participants concluded almost unanimously that the subject has no solution. And that, were a referendum to be held today, liberalization would be soundly defeated. When asked if they participated in debates in college about drugs, they said that such discussions are biased toward legalization.

The observation of this group revealed the surprising strength that one or two leaders may have in reversing and silencing initially less repressive positions on the issue leading to the formation of a consensus - even with the young middle-class college students – that was close to a very prohibitionist stand. Not a classic prohibitionist viewpoint, because it was not as moralistic as in the case of the older participants, but rather an attempt at a sort of illustrated prohibitionist bias that reacts against those who want to discuss the issue because the latter are viewed as people who have hidden motives.

**Group 5 - 30 to 49 years old, higher education (completed or not)**

The participants concluded that the focus group served to transmit important information. They argued that discussions about drugs are still at an early stage and there is a lot of information lacking. They believed in the idea of holding a referendum on the issue. Of all the arguments, they felt the case of Portugal was the strongest.

In this group, the conversation was productive and it was seen that by the end of the session their differences had narrowed. It seemed they had been able to reflect through the debate, and several changed their initial positions. Naturally, some remained firmly reluctant to admit changes in the drug laws. Clearly, the group was mobilized when everybody realized that there was someone seemingly "normal" among them who used marijuana daily.

The group dynamic showed the powerful "argumentative capacity" of the presence of someone who spoke in the first person, and described his personal experience with the drug, moving away from the more clichéd and moralistic notions of the debate and, thereby, contributing to freeing up the field of the discussion from the barriers hindering it. At the same time, the dynamics of the focus group left the impression - to be confirmed in future

forums - that the fact that the person who was making the argument was not a activist but rather an ordinary citizen helped lower everybody's defenses.

### **Group 6 – 50 years old and over, higher education (completed or not)**

The participants considered the example of Portugal to be the strongest. They felt the issue is beginning to surface. Gay marriage, for example, is much more discussed today. It is more often present in the media. “We, the older generation, grandparents, future grandparents, we have to stand with the younger people and without prejudices. We have to be friends of our children. We have to talk a lot because it is an individual choice.”

In terms of dynamics, the group was notable for the leadership of a participant who stood initially in favor of decriminalization and took advantage of the arguments presented and the group's own discourse to overcome resistances and persuade skeptics. In the end, support for decriminalization, which at first seemed to be a minority position, came about almost as a group consensus. Increasingly, more people agreed and the arguments were used to overcome those who still resisted, which at first appeared to be the majority of the group.

This group illustrates how the arguments can be used to deconstruct the paradigm of criminalization with a higher education public. But we must remember that, in the absence of the leader, the group could have evolved in the opposite direction and have reached a consensus other than the one it wound up taking.

The logic of the arguments developed within the group also reminds us of the fact that drugs associated with crime generates prejudice and the subject becomes taboo. It follows from this that, “since it is a crime, it is a subject people have no interest in discussing.” This aspect must be kept in mind in future discussion activities and when qualifying the debate for the media and specific sectors of society.

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In summary, as also found in the quantitative research (the survey), the second round of focus groups revealed that there is strong resistance to developing an opening for the revision of prohibitionist policies in the field of drugs. It is clear that the degree of the prohibition bias and closing off of discussion may vary considerably, not only between different social groups but also according to certain contextual factors that affect the collective dynamics and may lead to more flexibility or more rigidity of perceptions, such as: (a) the presence of a strong leader, either for or against decriminalization; and (b) the

disclosure of a personal, concrete case history of non-problematic and non-disruptive consumption.

Also confirmed was the correlation pointed to by the survey between a higher level of education and a lower resistance to the hypothesis of decriminalization. But the debates still indicated that, among people of low educational levels, there may be significant differences in the degree of resistance to this hypothesis, with the youngest group (18-29 years) being somewhat more open to consideration of a more liberal policy, at least with respect to marijuana.

Specifically in regard to each of the arguments presented for discussion in the second round of focus groups, the following observations are of note:

- **Argument 1.** The expression: “If we cannot do away with the drugs, would it not be better to find a way to live with them?” does not seem to work for the most reactive groups. Some people understood this idea as giving up in the face of a serious problem rather than as a possible solution to a failed policy.
- **Argument 2.** As a rule, the comparison with alcohol seems clear and effective.
- **Argument 3.** The comparison with suicide and the right to injure oneself does not seem to resonate well. In almost all groups it was remembered that, unlike suicide, drug users can cause damage to third parties.
- **Argument 4.** The hypothesis that the decriminalization and regulation of illicit drugs would reduce violence and corruption was perhaps the most controversial. Some people just do not understand the argument. Others raised the counterargument that - like clandestine cigarettes - an illegal market would still be around, so the violence and corruption would continue.
- **Argument 5.** The drug policy in Portugal was undoubtedly the high point of the discussion in the groups. In all cases, the argument caused surprise, helped deconstruct resistance and introduced an unexpected, informative and positive element into the debates.
- **Argument 6.** The idea that money spent in prison should be spent on prevention policies seems to be clear and strong but is always affected by the perception of corruption among politicians.

## **Chapter III**

### **The interviews**

#### **1. Overview**

Fifteen in-depth interviews were done with “key sources”: 3 physicians, 1 psychologist, 2 social scientists, 2 journalists, 1 lawyer, 2 judges, 1 economist, 1 musician, 1 politician, and 1 person involved with NGO work in a “favela”.

These professionals were selected precisely because of their well-known anti-prohibition stand in the drugs debate. Respected in their areas of expertise, they have either published extensively in the area of drug studies or have become opinion makers known for their shrewd insights of how the drug debate is progressing in Brazil and in other parts of the world. The idea was to try to ascertain, with their help, not only the current state of the drug debate but also the barriers that exist to the implementation of more flexible policies in the area and the best strategies to deal with the deep and widespread resistance to the decriminalization / legalization / regulation of drugs.

The interviews were recorded and transcribed and are presented below as Annex 3. A summary of the responses to each of the questions posed is shown below.

It should be noted that in the presentation of the interviews, we chose to quote the respondents in their words - reproducing representative portions of their comments and analyses, along with brief introductory comments about each issue. As a rule, the colloquial tone of the statements was maintained, but in a few cases it was necessary to edit their statements to clarify the oral arguments in the written version.

#### **2. Summary of the responses**

##### **2.1. How is drug policy in Brazil viewed today?**

The opinions, in this case, were quite similar. There is a general perception that Brazil is out of step with the changes that are occurring in various parts of the world, where less repressive policies are gaining acceptance in many countries. The proposal at the heart of Law 7663, which, if finally approved, will sanction compulsory treatment, was the subject of severe criticism by the respondents and, although they recognize several positive changes that have been made in public health policies, these are seen to be insufficient and badly articulated.

- Although the 2006 legislation posed limits on the possibility of imposing prison terms on users, in practice it did not distinguish between users and dealers, leaving a wide margin for police discretion, contributing to the explosion of the prison population and exacerbating the selectivity of the penal system.
- There is no clear and articulated policy in the area of health policy in general and prevention in particular. There is no well-defined plan, with set guidelines; on the contrary, there is a lack of federal government leadership to introduce efficient policies.
- Although there have been some advances in the area of health, such as the creation of CAPS AD (Psychosocial Treatment Centers for Alcohol and Drugs), outpatient and storefront treatment centers, anti-crack policies are poorly articulated.
- The possible approval of the proposed law concerning compulsory treatment for users of drugs is an example of a social cleansing policy designed to be used against the poor.
- The government has not placed the issue on the agenda and politicians want to force a vote on compulsory treatment.
- There is a risk that the so-called “therapeutic communities” will be controlled by evangelical groups and in a Secular State there is no room for policies with this kind of bias.
- Just when it is beginning to be recognized in various parts of the world that drug prohibition policies have not been successful, Brazil is moving in the opposite direction towards policies with a markedly prohibitionist stamp.
- Brazil finds itself today at an impasse: the State is receiving direct pressure from social movements that are gaining strength based on the demand for a different policy on drugs, and indirectly by the recent changes in legislation in other countries. On the other hand, the federal government has closed channels of communication and strengthened repression as a way to manage drug policy. For this reason, it is important that the federal government assumes its responsibility in carrying out changes in this policy.

## **2.2. How is the public debate on the issue of drugs viewed in Brazil today?**

In this case, several differences emerged, principally between those who believe that the public debate today is more articulate and better informed, and those who believe that there is



still too little debate and that the arguments of those who defend anti-prohibition positions are weak. In general, there is considerable concern about the fact that the discussion has difficulty in disassociating drugs from the image of “evil”. The importance of public figures such as former president Fernando Henrique Cardoso who are committed to more progressive thesis was also frequently cited.

- The scenario is highly polarized and characterized by ideology, making it difficult for the issues to be discussed in greater depth.
- The debate about drugs is replete with overly simplified and primitive arguments.
- The debate is becoming better informed and has aroused more interest with the public. Today there is more information and moral certainties are giving way to more information.
- Mark Kleinman likes to say that in the academic community, 30 years ago, there was a consensus in favor of the war on drugs, and anyone who disagreed was considered crazy. Today, the sentiment is precisely the opposite, both inside and outside Brazil.
- Today the situation is “contradictory”: never has there been so much debate about legalization of drugs, while on the other hand, there is a strong conservative reaction, mostly based on religious fundamentalism.
- There is a lack of discussion about drug issues in Congress; religious organizations maintain their “Salvationist” bias with no discussion of the issue, and the academic community talks mostly to itself.
- Rational debate has a number of problems, but this is perhaps a result of what is happening at the symbolic level, the strong association of drugs with evil – drugs have become a near synthesis of everything that is evil.
- One of the challenges of the debate is to break the association - almost direct - between drugs, dealers, “crack lands”, crime, etc.
- Since the times of the military dictatorship there is a perception that combating drug use and drug trafficking is something ethical, and that idea has been reinforced by the media.
- The drugs debate today is helped by the activism of former President Fernando Henrique Cardoso, who has mobilized groups around the issue of drugs and the need to review prohibitionist policies.

- A more favorable attitude toward decriminalization of marijuana is emerging but this is not extended to other drugs.
- It is important to encourage more debate and the media has not given this much attention, aligning itself instead with government control policies. There needs to be more communication with the public, helping them to understand the various questions related to the consumption of drugs, and to understand the complexity of the issue.
- The debate should be more about individual freedom – this is an issue that would permit a broadening of the discussion with wider acceptance of less prohibitionist policies.
- The lack of evidence about what would happen if we moved to a more open policy also confuses the debate. For example, what causes concern is that with legalization the price would fall and consumption would increase, while the truth is that there is little evidence with regard to this issue.

### **2.3. What are the perceptions about this question in Brazil today?**

As the quotes collected in various interviews suggest, there was considerable convergence of opinion among the respondents with regard to certain concerns. However, they appear to diverge in their opinion of which social class is more open to changes in drug policies: some respondents considered the middle-class more conservative/prohibitionist while others felt that “the working classes” are more likely to react to changes. As a rule, they recognize that the population of Brazil is still markedly conservative with regard to the issue of drugs.

- In general, there is much prejudice and considerable fear with regard to the issue of drugs and, as a result of that fear, there is a certain support for violent repression and also a high degree of association of the user with delinquency, and criminal and psychopathic behavior.
- Many people overreact emotionally, leaving little room for discussion. In addition, religious values have offered considerable resistance to a more progressive position. A direct relationship between violence, dealers, crime and drugs is still strongly felt in the popular perception.
- The vast majority of society supports repression. Contrary to what many people believe, there is more resistance in the middle classes and acceptance in the working classes, as a result of the close relationship that the second group has with the issue.

- In recent years there have been changes in perception, principally among the middle-class that today has a more tolerant view with respect to drug use. On the periphery, (lower-class neighborhoods), this is still hard to find.
- A good part of the positions with regard to drugs is quite alarmist and the population in general is very conservative. Clearly, the way the media covers the issue of crack consumption has contributed to complicate the situation.
- There are various problems, such as the strong association on a symbolic level, linking drugs with evil and the loss of individual and collective control.
- The discussion is often focused on the question of morality.
- The question of drugs is a secondary question – it is of little interest to the elite. That makes it important to have a politician or a party decide to take up this cause with all its electoral consequences.
- If crack had really penetrated the middle and upper classes, perhaps they would be more open to the decriminalization of consumption in general.
- The support for the policies of repression of drugs is quite strong in society and the conservative nature of the population is also seen in the election of legislators who have little sensitivity to more open or progressive attitudes with respect to drugs.
- There is no political support nor is there an understanding in the general public to create pressure for changes in the drug policy. The public does not yet understand what is at stake, and has neither the information nor the training to understand it.
- The drug dealer is considered a criminal because drugs are illegal. No one considers the President of Ambev (the Alcoholic Beverage Association) a criminal.
- The media shoves a certain perspective on the issue down the public's throat and the lack of education and information contributes to the fact that the public is unaware of the real questions with respect to drugs.

#### **2.4. Has there been a change in this discussion (public debate) in recent years?**

In general, the respondents perceived changes in the drugs debate and some real signs of more progressive positions led by public personalities such as former president Fernando

Henrique Cardoso in contrast to the profoundly conservative position held by Federal Deputy Osmar Terra and others aligned with the so-called “evangelical wing” in the Chamber of Deputies. Another significant fact is that the political left in Brazil has still not realized that the Penal Code in Brazil in the area of drugs ends up penalizing the poor, black, favela-dwelling population.

- The public debate has improved in recent years and there are serious people arguing against anti-prohibition policies with a high-level of reflection on the subject, but from the political point of view, the debate has deteriorated and is contaminated by the exposure to the suffering associated with crack.
- Although the logic of repression and compulsory treatment is still widely accepted, there are already signs of some changes. But the interesting thing is that the progressive figures, the people on the left, have still not perceived what has already become clear in the US: the war on drugs is just a way of criminalizing poverty.
- The debate with respect to drugs is no longer taboo - it appears everywhere: in newspapers, television, social projects, the day-to-day life and the conversation of people but that does not mean that a more progressive debate has taken hold. That is to say, people talk more about drugs, and the issue has become a priority in Brazil, but this does not mean that a progressive view has spread, and the issue is still treated in a relatively conservative manner. By focusing almost exclusively on the polarization between decriminalization versus criminalization, the discussion leads to a certain neutralization of the wider range of options that exist between these two extreme positions. Two factors make a broader understanding of the argument in defense of decriminalization more difficult: 1) the public does not understand how decriminalization could lead to a reduction in the harmful effects on users; and 2) there is a collective image that the liberalization of drugs means the sale “in any alley” or even further the “the release of a legion of zombies in the city” - above all among people in the working classes and *favela* residents.
- The involvement of FHC in the issue, the election of Renato Cinco (who was involved with the organization of the Marijuana Marches), as a city councilman in Rio de Janeiro, and the increasing number of NGOs and public personalities committed to the debate are indicators of this change.
- The participation of FHC in the debate, along with other former Latin American

presidents, has led to changes in the discussion, but it is still in the primitive preliminary stage, and a number of taboos still need to be confronted. For example: 1) the distinction that needs to be made between consumers and dealers; 2) the fact that the question of legalization has not yet been placed on the agenda, given that the issue of decriminalization of marijuana guides the debate. Nevertheless, differences of opinion are more widely respected. There have been advances from the pragmatic point of view, that is to say, in the reflections with regard to the efficacy, (or not) of the choices that were made, but not with regard to the principles. The belief that the State has the right to regulate behavior, attitudes, private practices that are not harmful to others, remains unquestioned.

- The emergence of spaces, territories, scenes of public consumption of drugs - and the coverage by the media - has shifted public debate to a more conservative position such as compulsory treatment and the proposed law introduced by Federal Deputy Osmar Terra, and represents a significant setback. There appears to have been a purposeful confusion between returning public areas to the people and cleaning the streets, which has led people to believe that drug users are behind the connection with the so-called organized crime. It appears that there is no political will or support in public opinion to make the important distinction between users and dealers.
- What has changed in recent years: outside Brazil and, most of all, in the United States there has been a change in public opinion. In the United States the public is more open to debating the issue, as the public opinion polls on legalization of marijuana makes it clear. When politicians there perceived a change in public opinion, they began to find the courage to say what they are now saying. In the United States there was a clear change also in the position of civil movements. In the decade of the 1980s, the black movement was clearly in favor of more severe penalties because they believed that crack was attacking and destroying the poor, but began to take a different position at the beginning of the year 2000 because they began to perceive that the groups that were being most heavily penalized were the black and the poor. It was the war on drugs that was harmful to the poor and it was not having much effect on drug use. In addition, there was a change with the demystification of the use of medicinal marijuana in many states in the US. It is interesting to note that in Europe the same does not happen. In France, for example, the debate lags behind what we see in Brazil, and in Germany as well, while the Nordic countries, along with the Iberian Peninsula, have more advanced proposals. But Continental Europe finds itself falling well behind in this debate.

- In Latin America there have been various interesting advances (Argentina, Uruguay). Even in Chile there is a new debate. In Brazil, from the moment FHC entered the debate, there was a clear change in the position of the media, but what is more interesting is that this has apparently had no effect on public opinion.
- A clear change can be perceived in the way in which today it is possible to produce a piece of news in a newspaper with respect to the consumption of drugs from the perspective of decriminalization.
- For a long time this debate has been confined to the issue of individual freedoms but recently, perhaps as a result of the “Marijuana Marches”, there has been a growing discussion with regard to violence and public safety. In addition, the debate has widened its reach to newspapers with editorials supporting more progressive views with regard to drug policies.
- With the appearance of the crack phenomenon the debate became more radicalized among the conservatives, and today Congress has more than 200 members making up an anti-drug coalition

### **2.5. What is your position in this debate?**

Basically the respondents confirmed their anti-prohibitionist positions, arguing in favor of changes in the legislation and the necessity of taking the drug issue out of the criminal justice system and putting in the context of health care. Some respondents alleged that it did not make much difference to decriminalize just the use of drugs currently considered illegal, and argued in favor of broader strategies. But, in general, the majority believes that it is necessary to move forward gradually, in stages.

- Being in favor of legalization is a detail, what is important is to be in favor of a drug policy that works. And what is a drug policy that works? One that does not disrespect individual rights, does not disrespect either the Constitution of the country or the Universal Declaration of Human Rights. Above all, it is a policy that “gets good results.” What is a good result? A good result is a policy that reduces the harm that drugs cause.
- The debate cannot be allowed to focus on the question of prohibiting access to drugs, because this is not a real alternative, prohibition is not an option. In this sense the important thing is to reflect on what is the best political/legal institutional context, to carry

on what is inevitable, the real process, which is access to drugs. In addition, there is a question here of an ethical/moral order, since it is unacceptable that the State should be able to interfere with private individual decisions that do not impact on the freedom of others.

- I am in favor of the decriminalization of use because I think that it is an argument and a political position that is much easier to be implemented in Brazil, although I believe that just decriminalization of the use will not solve the problems related to the distribution, production and sale of drugs. With decriminalization alone you will still have a large part of the process that is illegal and this will cause numerous problems with monitoring and implementation of this policy. Ideologically, I am in favor of total liberalization; I believe that all drugs, regardless of the degree of risk of dependency should be legalized, with rules for consumption that are more strict for some and more restrictive for others.
- I think it is essential to understand that addiction is a question that is very complex and one that we have to look at from various angles. We have to understand exactly what it is that leads someone to use drugs, what the relation of that person is with drugs, and in what point in the history of that individual did the question of drugs come into the picture. But it is also important to think about the social issues.
- Treatment must be separated from punishment. The punitive model of treatment must be dismantled and, further, along the lines of the changes in Portugal it must be remembered that the question of the user should be removed from the area of criminal justice and considered a matter of public health.
- The question of drugs is much more a health question than a legal one- an increase in repression does not mean a reduction in consumption. The path to be taken should be through education and guidance for children.
- I favor the regulation of the drug market, that is, understanding that legalization is the way to regulation, control and standardization of drugs, and I am opposed to widespread advertising, without restrictions, for drugs whether they are legal or illegal.
- We have to ask why some substances are more acceptable than others - tranquilizers and beer on the one hand, and marijuana on the other. It is not possible to have a single worldwide position on this - each country should decide which substances should be permitted and which should not be, according to their specific cultural characteristics.

- What is important is harm reduction, although today you will find people who are afraid of openly defending harm reduction. Harm reduction may imply, for example, the substitution of one drug for another.

## **2.6. What drug policies should Brazil implement?**

On this issue, there was considerable agreement among the respondents although the menu of measures that in their view should be implemented was quite varied: ranging from decriminalization of drug use to the strengthening of treatment policies for dependence.

- In addition to decriminalization, there should be more effort in the public health field to reduce the harmful effects of drugs through the strengthening of, for example: the CAPS-AD network; the establishment of street clinics, training of health professionals; the development of a prevention policy that is really effective and honest, avoids the use of fear, incorporates elements that make sense in today's contemporary youth culture besides the articulation of professionals in the area of education and culture. In addition to the investments in health and education, criminal justice should turn to the repression of large traffickers that will continue to exist if we opt for decriminalization and not for legalization.
- It is necessary to: 1) implement prevention policies on a wider scale, at the community level in the schools; 2) increase the number of locations for the treatment of users, with better training for the teams working there; 3) act on the geographic questions, on the borders and frontiers, to reduce trafficking; 4) try to use the media as a way to inform that does not rely on fear, but rather relies on a healthcare campaign model - increasing the awareness of the population that drug users need to be treated with dignity and directed toward treatment. Help the general public understand that the question of identifying drugs with criminality and violence may be misleading because these two issues are not the same.
- In the area of health, we must have a clear policy. We have to treat the issue the way we have treated others, such as AIDS. We need to have a healthcare sector that is protected from the moralistic pressures of society. And a national policy that is inductive and based on scientific criteria with street clinics, outpatient treatment, harm reduction, etc.. This would make a significant difference. Prohibition is linked to very conservative elements in the area of healthcare. We need to show that there are alternatives to prison and



compulsory treatment, which is, more precisely, a medical incarceration.

- In terms of legislation the first step is to decriminalize the use of all drugs with clear criteria to differentiate between use and dealing and immediate action to approve the use of medicinal marijuana. Avoiding the stigmatization of the user is essential, and the next step would be to legalize marijuana. With regard to other drugs, no other country has done this. The important thing is to make it clear that in those countries that have decriminalized [the use of drugs], the strategy has worked. None of the countries that have chosen this option have seen an increase in consumption.
- Other measures should be: reinforcement of the health area, with a new approach and the offer of shelter for the homeless (on the street); licensing of clinics with well known quality; a larger number of trained personnel and the rejection of compulsory treatment; stronger educational campaigns. Finally, keep in mind that a repressive policy must guarantee that Brazil will not become a hub for production [of drugs]
- Cross-sector policies that are not conceptually limited strictly to health, but are diverse and broad.
- Since drug trafficking is associated with other kinds of criminal activities, policy should not be naïve, and for this reason it is necessary to move forward by stages, beginning with the decriminalization of consumption.
- In the penal area, the first step is to establish a clear relationship between the quantities considered to be for dealing and those considered to be for use, and always giving priority to actions in the area of health.
- Decriminalization is the first step. The police should not be involved. We have to keep the police away from the process. The way to deal with distribution needs to be carefully thought out. One option would be through the health system, through pharmacies. Brazil is a very large country and the distribution policies need to be very carefully controlled. In locations where there is a network of pharmacies, medical clinics, etc., control would be easier. It is likely to be quite complicated in less populated areas. On the other hand, there is no way to decriminalize just consumption, this will not solve the problem.
- Decriminalize or legalize? I favor the first approach, initially. It is important to remember that too much regulation opens the way for evasion. If the level of regulation is too strict it will create a problem. Today we have too many Simões Bacamartes (from the book *O*

*Alienista*, by Machado de Assis). The psychiatrists are drunk with power and they are gaining ground. They are euphoric over compulsory treatment. This should be a multidisciplinary decision.

- One solution, one way out, is the legalization of certain markets, but this policy must be implemented in a gradual manner, releasing different drugs little by little, because only in this way will it be possible to verify the effect of this change in policy.
- The legalization of all drugs is the only way to organize the market and consumption of drugs, following a self-management cultural and social model. Self-regulation is that which allies the desire of the individual with collective values.
- From a more general point of view, the idea would be the creation of a kind of “drug statute”, because this way it would be possible to treat legal and illegal drugs in an integrated manner, together. In addition, many people argue (including Renato Cinco) that the regulation of production should be done in such a way that it renders the industrial private production of drugs not viable.

### **2.7. What are the principal obstacles to the implementation of these policies?**

The majority of the respondents agreed that among the obstacles to the implementation of more progressive policies in the areas of drugs are fear, prejudice, misinformation, conservatism, the lack of willingness on the part of political leaders to become protagonists in a new public debate of the issue, and a mixture of politics and religion.

- The greatest obstacle: the lack of information and the lack of awareness of the public shown by the election of conservative politicians.
- Obstacles to change in Brazil: fear and conservatism.
- The current association of drugs with “evil” constitutes a challenge on the symbolic level.
- The emergence of the crack phenomenon, inciting more radical and conservative statements, has emerged as a barrier to the debate, to changes in public opinion and the possibility of formulation of new policies.
- The main obstacle to moving forward in this debate: people not wanting to listen. It is necessary to break down this resistance, but there is a lack of information. We need to have one or two politicians to serve as a spearhead, to break down resistance and start the

debate. A small group of Congressman would make a difference in blocking the proposed law by Osmar Terra, for example.

- We need to have a clear idea of where we wish to go, what we wish to change, and what is possible to change in order to organize this movement. We have been unable to sensitize the progressive sectors in society to the fact that we are not talking just about freedom, but also about inequality, about prisons for the poor. One cannot simply say “I’m on the left and I’m in favor of the present drug policy.”
- Politicians in Brazil see no political gain from embracing the cause of decriminalization.
- In politics, in Brazil, there is no Federal Deputy or Senator willing to carry on this public debate. Paulo Teixeira so far has not been really committed and has not presented a project.
- The left, with the exception of the PSOL, does not view this debate as a discussion of inequality, as the left in the United States does. The PSOL program includes a proposal for the decriminalization and Chico Alencar has said that he is willing to do this. But the fact is that so far no one has presented a project.
- The lack of government leaders and politicians mobilized for the construction of new drug policies; the strong association of drug users with risk, violence, crime; all of this makes a new understanding and positive changes in public opinion with regard to these issues difficult.
- The obstacles are: 1) the increasing mix of politics and religion; 2) living in the past, because it is always easier to attack than to create, it is easier to criticize and provoke a collective catharsis in relation to a common enemy, (drugs), than it is to place the issue on the agenda for discussion; 3) just like with the “Green agenda” and minority questions, (as with family farming), a drug policy agenda is not particularly interesting to the elite, and therefore an obstacle would be the absence of a politician or a political movement that has the courage to take up the cause.
- There are many obstacles: 1) the difficulty in establishing clear and effective communication with respect to what it means to have a non-prohibitionist proposal, about what the consequences and advantages are, in addition to having to deconstruct certain myths that underlie prohibitionist policies; 2) the difficulty of taking political action and convincing leaders in the federal government to change the position and consider the

reformulation of this policy as a priority for social and economic development, for the Brazilian economic and social agenda; 3) the lack of articulated networks today among the social movements engaged in this issue in order to create a single and uniform public policy agenda.

- One obstacle encountered as we carried out the project - for those who are active in poor neighborhoods - is the existence of constant conflict in the areas where they are working (for example, between existing gangs and factions, and between the gangs and factions on the one hand, and the police on the other).
- Public opinion today is the principal obstacle and the more conservative sectors in the state apparatus will find it hard to give up the tactic of marginalizing groups that the present drug policies allow for. Another problem is the resistance on the part of those who have economic interests in the production of drugs, such as the care of the user, the war against consumption and the criminalization of social groups.

### **2.8. What arguments would have the most impact in reducing the support of public opinion for criminalization?**

Here we found as many agreements as we did marked divergences among the respondents. For some the cost-benefit arguments and individual freedom were strongest and should be more (or better) used, others believed that using these arguments would amount to “shooting oneself in the foot”. The reaction of one of the respondents who insisted on the necessity of personalizing the debate, bringing into play the histories of individuals to the center of the discussion, was very interesting. Along the same line, another respondent argued for the need to connect the anti-prohibitionist arguments with popular narratives, “opening room at the symbolic level to incorporate rational elements little by little.”

- Taking the case of Portugal as an example, it is necessary to articulate academic and popular wisdom, including community and rural leadership. The focus must be on the separation of the substance from the subject: to display the history of each individual. Information only becomes knowledge when people are affected by it and it is possible to impact people by telling human stories.
- Although the discussion from a rational perspective is easier and more easily understood because it is possible to clearly show that the current policy is failing to accomplish its objectives, it is not possible to give up the symbolic/cultural focus. It is essential,

therefore, to focus on the values that are moralizing the issue and infusing the debate with emotion. To accomplish this, there must be a way to connect popular narratives, thinking in terms of the myths, symbols, fears and the feelings that they represent, sharing the values and narrative elements, searching for a tone of communication without hierarchies, because this way it is possible to make room at the symbolic level, and little by little to add rational elements.

- The general public must be shown how prohibition interferes with market regulation while at the same time producing violence and corruption. On the other hand, with legalization, funds that might be spent on repression are saved, new funds for the State will be generated through taxes, and effective policies could be adopted while informing the public about each of the drugs, about harm reduction, and also offering treatment for those who have developed addiction through the public health and mental health networks.
- Some possible alternatives: 1) the economic argument, showing through the language of public managers, administrators and economists that much more is spent and much less is gained through the policy of repression instead of a more progressive policy. The idea is to show the cost of prisons, repression etc. and compare that with the cost with doctors, prevention campaigns, training for healthcare professionals, assistance, etc.; 2) thinking about the working class, one alternative would be to show that the growth of drug trafficking, criminal factions, etc., is due to the drug policy that is being implemented and to show, on the other hand, that decriminalization could lead to an end of this scenario; 3) even if it does not work well enough to change their opinion, it may nevertheless increase their awareness, as a way of breaking the ice of the conservative classes, and it is important to insist that drugs are a health problem because with conservatives it does no good to affirm that the individual has the right to use drugs. If we try to sell the argument that people are free and have the right to do as they wish with their bodies, including the use of drugs, we will lose the game before we start. It is necessary to show that the question of drugs is a question of public health and that for this reason it makes no sense to treat it in the criminal area as a legal problem.
- The publication of the images showing locations where the public consumption of drugs openly takes place is a barrier to the dialogue with other sectors with respect to the need for another policy for drugs. It is necessary to try and deconstruct or reverse the use and effects produced by these images. Showing that things do not work is a strong argument in this field and it would be effective to show how much illegal behavior and how many

illicit practices are produced by the criminalization of drugs.

- Campaigns are needed that make clear that drug users need help, need shelter and support, breaking with the “just say no to drugs” campaigns of the past, working to build new models for pleasure.
- It is important to work closely with institutions like Narcotics and Alcoholics Anonymous that help people talk about their ignorance when they took their first dose. Starting from this dialogue, campaign planners might understand that insistence on saying that “the use of drugs is bad” places a distance between the campaigns and the target publics they are trying to reach.
- An open discussion must be started with the general public to show that prescription drugs, in addition to coffee, tobacco, and alcohol etc. are widely used and that prohibition is not the natural response. It is essential to let the public know that the problem is not the use of drugs but rather their uncontrolled use.
- It is very difficult to sensitize people using technocratic language like cost-benefit analysis. Perhaps it is more important to make people aware that things that are legal and socially accepted today were illegal and condemned in the past (as in the case of alcohol prohibition in the United States).
- Paternalism is quite strong in our society and for this reason the idea of individual freedom does not have much support here, in a society in which people believe that the State should care and provide for the individual.
- Since the association between drug trafficking, crime, violence etc. is still very strong it is important to find data, information, numbers that may help deconstruct this association which is automatically made. One strategy might be to show that “crack lands” and other drug related problems exist exactly where prohibitionist policies are implemented.
- In the field of arguments, is important to break with the substance-based view, that is to say the understanding that all that is bad, carries risks, leads to crime, is contained in the substance itself.
- The population in general will become sensitized if the progressive debate demonstrates that criminalization produces more harm.
- Inequality is an important argument. Crime is fostered in the prison system from which

people emerge more violent. This argument was tested in groups of the *Sou de Paz* (I am for Peace). Another argument that might work would be to show that illegal drugs are no more evil than legal drugs. Still another argument is to show that decriminalization does not increase consumption. Health arguments: discuss whether what we are doing protects the user or protects society from the harm caused by users. We need to show that the countries that are helping the users are not the most repressive societies and that the countries that are protecting society are also using other strategies.

- In addition to making clear that anti-drug policies are much more expensive than investments in health and education, it is essential to show that it is through these policies that the fight against “addiction to drugs” must take place

### **2.9. What strategies might be used to increase support for decriminalization in the general public?**

The truth is that this question can be confused with the previous question which asks which strategies might be most effective in the struggle against prohibition. In general, we turn to the issue of the need for a strategy that moves forward step-by-step, with the decriminalization of marijuana at the start of the process. The central importance of the production of data to raise the level of the debate was mentioned as well as the incorporation of well-known public figures in the public debate and in the discussion of what happens in other countries that have more flexible and progressive policies in the area of drugs.

- All the arguments should be tested with all groups. If we want to mobilize public opinion we must be objective and take little time. It is no use to get into deep discussions about every argument one by one.
- We should show that punishment and treatment are incompatible and that, therefore, for the treatment to be effective, the user must desire to continue the treatment. And the punitive treatment model must be abandoned.
- It is important to raise two questions: 1) to resort to scientific knowledge, “abusing” the degree of legitimacy and recognition that this has with common sense, to show that surveys and scientists confirm that decriminalization does not increase consumption; 2) to use data, statistics, and numbers to show that in the countries where decriminalization was approved there has not been an increase in violence, as well as to present other changes that have occurred along with changes in the

legislation, such as the redesign of different public policies. Number/statistics are elements that provide legitimacy to the argument that is to be presented.

- We have to think in two directions: 1) that it is important to separate the different substances and to focus first on marijuana, since the possibilities of acceptance are better in this case for historical/social reasons; 2) if the choice is made to start with a discussion of a legal substance, use the example of cigarettes and its declining use, changes in the legislation referring to public spaces - as an example of control without criminalization.
- Careful steps: decriminalize all consumption, legalizing marijuana and creating a consensus as a basis for further action.
- Show successful people who use drugs, and the emotional and financial costs of police operations and the criminalization of the user.
- Incorporating members of the performing arts and other well-known public figures could be a useful strategy in expanding the debate and breaking down resistance.
- The discussion must be personalized by using personal stories. It is important to create the space for exchange and multidisciplinary communication, because this is the only way that people can be convinced. So-called rational views alone will not convince anyone. A consensus must be created through continuous debate and discussion
- The Marijuana Marches have contributed to amplify the reach of the cause because of the considerable impact that it provokes. The great challenge is the production of information to bring people to the debate. And the debate should begin with marijuana.
- Just like Uruguay, marijuana could be seen as the first strategic step to the future decriminalization of other drugs. The discussion about the medicinal uses of marijuana could be a good way to introduce variables in the discussion and to counteract some misconceptions.



## Final words

Generally speaking, the main results of the survey and the focus groups confirm the opinion held by the majority of experts consulted as part of this research project: the Brazilian population, including, obviously, the population of the city of Rio de Janeiro, is markedly conservative and moralistic with regard to the issue of drugs.

Looking specifically at the results of the survey and focus groups, it is possible to say that there are some “basic precepts” or “recurrent themes” in people’s perceptions of the question of illegal drugs. And, more importantly, these “basic precepts” appear to be shared, in large measure, by men and women of different social strata, ages, and levels of education.

In general, the lack of information is surprising, as is the disconnection between beliefs and empirical evidence, and the use of notions based on clichés that are rarely questioned. The limited use of logical arguments emerged in sharp relief, principally with regard to focus groups and most of all in groups with lower educational levels.

It should also be noted that one of the general impediments to the debate is based on the argument that in Brazil, politicians are corrupt, the laws are largely ignored, governments are not concerned with the citizenry and, therefore, they are incapable of controlling illegal drugs. A good part of the resistance to the idea of changing the laws and policies that have obviously failed is anchored in a generic pessimism about the country, aggravated by the belief in the supposed “low level of cultural development of Brazil” that would impede the success of more progressive policies in Brazil even though they have proved to have been successful in other countries.

Considering the so-called “basic precepts” it remains clear that the respondents to the survey and the participants in the focus groups foresee a scenario of chaos and lack of control associated with the decriminalization hypothesis which rests on the conviction that decriminalization would cause an *increase in consumption* and as a result in “*the number of addicts*”. The notion that every user is potentially a chemical dependent is implicit, that is to say that there would be a natural “progression” not only from less harmful drugs to more powerful drugs, but also from occasional social and recreational use to uncontrolled and harmful use.

Secondly *consumption* is seen as the principal cause of violence, either through the “financing” of drug trafficking and criminal activity or because the chemical dependent, although seen in principle as a person *who is sick* and needs treatment, is also seen as a *potential criminal*, capable of robbery, theft and even murder in order to obtain the necessary

funds to feed his “addiction”. Decriminalization, as a result, would lead to an *escalation of violence* in society.

The third “basic precept” is the idea that Brazilian laws *are very lenient*, a characteristic that is not limited to the area of drugs: this is a recurrent theme running through the discussions of violence and public safety in Brazil, the “hardening” of the laws (lowering the age of majority in the Penal Code, an increase in prison terms and penalties, a reduction in the level of prison privileges, the inclusion of more crimes on the list of “heinous crimes” and so on) is seen as a sort of panacea for all social ills. The *prohibitionist* trend with regard to drugs is joined with the *punitive* bias that prevails in popular conceptions of public safety and justice. Clearly, the results of the survey as well as the discussions of the focus groups, indicate that the belief that prohibition reduces consumption is joined with the conviction that social problems can be resolved with stricter and stronger laws and a greater presence of the “strong arm of the State”.

A fourth basic precept in the ideas about drugs is the notion that in recent years there has been an *increase* in both consumption and trafficking of drugs. Regardless of its empirical accuracy, this idea is used as proof of the failure of the so-called “war on drugs”, but appears, to the contrary, to serve also as the basis for the impression that any initiative towards liberalizing will only accelerate the “uncontrolled degradation” scenario, and that the only solution lies in toughening the laws regarding consumption and traffic of drugs.

In terms of the prospects for changes in prohibitionist and punitive trends, the results of the survey and the focus groups point to some basic directions. First, it is necessary to dismantle some of the “basic precepts” and the logical supports for prohibition; second the strengthening and revision of the principal arguments against prohibition; third, the need to expose and explore the contradictions contained in the prohibitionist discourse; and finally, the urgency of the dissemination of information and the deepening the level of the discussion about drugs and drug policies, which is still in its nascent stage in Brazil.

In the short and medium-term the homework that needs to be done is to first encourage debate, disseminate accurate information, and work with different segments of the general public in Rio de Janeiro in such a way that different strategies may be tested and later on replicated in other geographical areas. As the first round of focus groups showed, even in the groups made up of professionals in the area of health and the criminal justice system, in principle made up of those people who would have been expected to be well informed about drug issues, there is a lack of basic information about what has been happening, for example in other countries.

The breakdown of many of the “basic precepts” depends on different strategies. Firstly, it is essential that arguments be developed that make use of objective data and robust numbers that provide legitimacy to the anti-prohibitionist stance. As the experts that were interviewed admitted, public debate about drugs in Brazil today is still replete with simplistic arguments and there is a high degree of polarization among the pro and contra positions on decriminalization and this must be overcome.

Analyzing the various recurrent themes, or “basic precepts”, it is important to note, for example, that the fear of a “race to drugs” can be seen in the context not only of international references but also in relation to the results of the survey itself. On the one hand, information regarding what occurred in Portugal after the legislation changed in 2000, and a deeper discussion of the results of regular monitoring showing the prevalence of the use of different drugs in Holland, among others, need to be more widely discussed. The case of Portugal, as shown in the focus group discussions, was the only anti-prohibitionist argument that in fact helped to overcome resistance. Statistical data about the successful experiences in other countries to assist in the discussion and raise the level of debate are urgently needed. The comparison between Holland - where a much more liberal drug policy has been implemented - and other European countries with regard to the use of drugs like marijuana or cocaine (use is much lower in Holland, in the 15 to 34 years age range), in addition to the number of deaths from overdoses (also much lower in Holland), for instance, would contribute to bring a minimum of rationality to the debate.

On the other hand, some of the results from the survey carried out for this research project are impressive. For example, the fact that 97% of non-user respondents say that decriminalization of drugs would not influence their choice to abstain from consumption. While this indicates that the individuals, when responding, always view the problem as someone else’s problem, and never their own, the aggregate of responses may be seen as a strong counterargument for the thesis that liberalization would increase consumption.

And, even further, in contrast to the view that all users are potential “addicts”, or that the recreational use of drugs will inevitably lead to drug abuse, data may be introduced to show the proportion of problematic users as a percentage of consumers of each drug, including alcohol, as well as support from psychiatry to show that the abuse of legal or illegal drugs is almost always a *symptom* of mental disturbances and it is not a primary cause of the problem.

With regard to the pro-decriminalization arguments, it is essential to point out the weaknesses that encourage a quick response stereotype and contribute to harden the extreme positions on either end. The labels *decriminalization*, or *legalization*, without a clear and

explicit connection to *regulation* (with alcohol, tobacco and prescription drugs as examples) is one of the weak points of the discussion on the part of some anti-prohibitionist activists.

So much so that some focus groups held for this project, as well as international experience, shows that phrases such as “*regulate like alcohol*” are much more effective in breaking down resistance than a simple defense of legalization, which raises collective concerns about the possibility of lack of control and chaos. From this perspective, demonstrating that today in Brazil, and in other parts of the world, it is much easier to buy illegal drugs than it is to buy prescription medication, or the example of the increasing social control over the use of tobacco and its effects on the reduction of tobacco use, provides strong support for decriminalization/regulation.

A second weakness to overcome is the easy, but often unsubstantiated, association between the failure of the war on drugs and the need for decriminalization. To raise the level of sophistication of the discussion and avoid polarization, the argument ought to take some distance from this oversimplification and incorporate the comparison of the costs and benefits of various possible strategies, such as, for example, the regulation of legal drugs and the impact on the diminution of consumption, or an analysis of the costs of merely repressive policies when compared with the cost of policies for prevention and information related to drug abuse.

The clear differentiation, at least initially, between consumption/use and trafficking/dealing in the discussion of drug policies to be adopted, may keep from contaminating the issue as a whole by the strong association between drug trafficking, weapons and violent crime. In the first instance it is essential to define clearly the quantities that characterize whether someone is carrying drugs for his own use or for sale to someone else.

It also appears to be essential to discuss the liberal argument of the “rights” of individuals to consume drugs with a lot of caution. The defense of the “right” to consume drugs should always be followed by a discussion about what needs to be controlled and regulated so that this consumption does not affect the “rights” of others. Further, in a country where basic rights of individuals, and especially the poor, are systematically ignored, the “right” to use drugs argument may sound like an abstract and elitist argument, unrelated to the real problems of the general public.

At the same time it is necessary to think about constructing communication strategies for the anti-prohibition message that may go beyond analyses which are limited to cost-benefit comparisons of current policies in the area of drugs, or those featuring only numbers and data. As one of the experts we interviewed mentioned, the need to focus on the symbolic

and cultural aspects of this discussion should not be left aside and there must be an attempt to link, for example, “popular narratives, thinking in terms of the myths, symbols, fears and the feelings they represent, sharing values and narrative elements, searching for a tone of communication without hierarchies and making room at the symbolic level to further the debate.” And the same expert further insisted on the need to personalize the debate, to bring into play individual histories to provide a focus for the discussion, “because information only becomes knowledge when people are affected by it and it is possible to impact people by telling human stories and breaking through the distance that causes isolation”.

In summary, the perspectives for changes in the area of drugs seems to greatly depend on the breakdown of the “basic precepts”, stereotypes and simple equations *on both sides* in an area that is highly polarized in Brazil today. Let us hope that a better circulation of information, including that generated by this project, and a deeper and broader discussion around the issue of drugs may be held in the coming years.

The fact that the discussion about drugs has no tradition in Brazil makes the objective of this project (to contribute to raising the level of debate in the media and with important sectors of the general public) a significant challenge. And if, above all, there is a general feeling, expressed in the focus groups and in the interviews with experts, that there is significant lack of information to raise the level of discussion, many avenues of possibilities are open for the serious gathering of robust data that may be disseminated through various strategies. Information of the type: “what works, what does not and what is promising” in the area of drug policies (following the example of what was done with competence in the area of public safety and the prevention of violence) needs to be urgently produced and shared among scholars and anti-prohibition activists.

Furthermore, it is important to stress that all experts interviewed (respected professionals in their various areas) are very critical of Brazilian health and criminal justice drug policies and insist on the fact that the country today is far behind and out of step with what is happening in various regions of the world, where less repressive policies are gaining more strength and popular support. Although changes can be seen in the public discussion about drugs in Brazil, with individuals like Fernando Henrique Cardoso openly supporting decriminalization of marijuana and media sectors making room for substantially more advanced discussions about drug policies, the outlook is still highly contaminated by a moralistic discussion loaded with religious values. In the National Congress this type of discussion is carried out by members who represent the evangelical caucus and who, led by Federal Deputy Osmar Terra, are lobbying to create pressure for the approval in the Senate of a proposed law that has already been approved in the Chamber of Deputies that includes

compulsory treatment and increases minimum sentence for drug trafficking to eight years, which is to say, a minimum sentence that is larger than that for homicide.

Another issue often stressed by all the interviewed experts was the fact that the left in Brazil, has not yet realize that current drug legislation criminalizes the poor, the black and the *favela* dweller. According to these professionals, the left, with the exception of the PSOL (Liberty and Socialism Party) does not view the debate about drugs as a discussion of inequality as the left in the United States has finally done. Even so, not one member of the PSOL has come forward to offer proposals for decriminalization, not even for the use of drugs. Indeed, the only member of the National Congress who has discussed the possibility of presenting a project of a more progressive law, perhaps even inspired by the recent example of Uruguay, is Federal Deputy Paulo Teixeira, of the Workers Party (PT).

Therefore the challenge facing the anti-prohibitionist movement in Brazil is not just to gradually breach the wall of conservative thinking, but also to increase, even in the more progressive segments of the general public, the sensitivity to the inextricable link between current drug policies and the perpetuation of the gigantic social inequality that exists in Brazil. The challenge is well summarized by one of our experts:

“We need to have a clear idea of where we wish to go, what we wish to change, and what is possible to change in order organize this movement. We have been unable to sensitize the progressive sectors in society to the fact that we are not talking just about freedom, but also about inequality.”

It is very clear: there is a lot of homework to be done. Let us move forward.