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Drugs, prohibitionism, and the care in liberty: challenges to public policy

Drogas, proibicionismo e cuidado em liberdade: desafios à política pública

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ARTICLE
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ABSTRACT

Many of the limits and challenges in establishing mental health care for people who make harmful use of drugs, also stem from the hegemony of the asylum logic of care and the prohibition of drugs, present in the daily life of the services of the psychosocial care network. In this sense, the article aims to analyze the prohibition of drugs, in Brazil, as a public policy that structures its history for the field of care for drug users, even with resistance and other government policies and initiatives, revealing the barriers to access and care, in the routine of services, by professionals in the public health network. It should also be noted that mental health and drug care aimed at people with mental disorders and those who make harmful use of drugs has still been crossed by economic and political setbacks that bring obvious consequences to the care provided to the user population.

Keywords: prohibitionism; drug policy; mental health care.

RESUMO

Muitos dos limites e desafios em estabelecer o cuidado em saúde mental às pessoas que fazem uso prejudicial de drogas decorre, ainda, em função da hegemonia da lógica manicomial do cuidado e do proibicionismo das drogas presente no cotidiano dos serviços da Rede de Atenção Psicossocial. Neste sentido, o artigo tem por objetivo analisar o proibicionismo das drogas, no Brasil, como política pública que estrutura a história desta para o campo de atenção aos usuários de drogas, mesmo com resistências e outras políticas e iniciativas governamentais, revelando as barreiras sobre acesso e cuidado, no cotidiano dos serviços, por parte de profissionais na rede pública de saúde. Ressalta-se também que o cuidado em saúde mental e drogas dirigido às pessoas com transtornos mentais e às que fazem uso prejudicial de drogas tem sido ainda atravessado por retrocessos de ordem econômica e política que trazem consequências evidentes ao cuidado prestado à população usuária.

Palavras-Chave: proibicionismo; políticas de drogas; cuidado em saúde mental.

Introduction

In recent times we have seen the emergence of intense research that focuses on drugs and their uses and, particularly, on the policy

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and model that organizes attention and care by the Brazilian state for people who make harmful use of drugs. It is public and well-known, therefore, that the criticism focuses on prohibitionism and its main area: the war on drugs as the moralistic, conservative, and racist fallacy of a drug-free society.

Therefore, it is the intention of this article, by articulating four authors and academic researches, to problematize the drug prohibitionist project in Brazil as a public policy that structures its history, focused on the field of psychosocial care for drug users, through public drug policies developed by the Brazilian state. In this way, the mental health and drug care work that professionals from the public health network provide to users of the psychosocial care network is also analyzed, dealing with variables such as barriers to access, care in the daily routine of services, and many other obstacles when dealing with people in mental distress and those who make harmful use of drugs.

These are complex relationships, crossed by issues of morality, conservatism, and religiosity, and by setbacks, but also by encounters, forces, and resistances of care in freedom and in the territory.

Drugs and prohibitionism: a brief historical and political overview of the issue

In the history of modernity, drugs have not always been regulated according to the guidelines of prohibitionism. On the contrary, in the middle of the 19th century, the consumption of opium was restricted to those who wanted to alleviate the pain of the illnesses of the time, in addition to several artists of the time, who consumed it publicly. Regarding this movement, several researches emerged around other substances that later became the heyday of capitalism in mercantile terms (Carneiro, 2018).

Despite this, it was at the beginning of the 20th century that the first legal initiatives took place to make the consumption of certain substances an affront to the guidelines of moral behavior imposed by the ruling class on certain social groups. It is no coincidence that Escohotado (2004), in his international research, indicates the action of associating opium consumption with certain situations, such as child corruption, linked to Chinese immigrants in North America, but also to cocaine, sexual violence practiced by black people, marijuana, Mexican immigration and alcohol, the immoral behavior of Jews and Irish.

Logically, there are political agents together with religious leaders rationally moving a campaign around consumption, as if prophesying the poisoning of poor young white American souls. Consequently, due also to the imperialist expansion of Anglo-Saxon culture, there were the first legal initiatives around prohibition, as were formalized by resolutions in Shanghai (1906) and The Hague (1912). “Defended, sponsored, and hosted by

the USA, already under the coordination of the UN, the Single Convention on Narcotic Drugs, from 1961, globally implemented the prohibitionist paradigm in its current format" (Fiore, 2012, p. 9). Thus, the signatory countries of such resolutions agreed to the war on drugs, in a logic of criminalization, punishment, and death for those who produced, sold, and consumed such substances.

We can consider that prohibitionist fervor inaugurated the history of drug criminalization, leaving no room for moderation. Thus, the excess of prohibition built the marks of the need for abstinence, aiming for a world without such substances, where continuous sobriety was compared to moral sense.

In the legal field, some legislation, surrounding the illegality of certain substances, such as opium, morphine, and cocaine, was discussed with fervor by prohibitionist apologists, especially in the mid-1950s, given the increase in consumption by the population, which was seen as disturbing by more conservative groups.

Changes in the flow of capital ordering, including the process of transition from Fordism to flexible accumulation, create transformations even beyond material production. Harvey (1992) highlights the compression of time and space substantially affecting the way of life in postmodern times.

The premise that we live in a period of constant alternation triggers a paradoxical reality. In the same time and space, we question norms, ideas, ideologies, products, production techniques, and forms of social organization that provoke a "temporality in the structure of public and personal value systems that provides context for the breakdown of consensus and the diversification of values in a society on the verge of fragmentation" (Harvey, 1992, p. 259). However, the same movement based on ephemerality consequently brings the need to produce some type of eternal truth that can reside within it. For this countermovement, Harvey (1992) highlights the attachment to religious precepts and political authority, "with all their trappings of nationalism, localism, and admiration for charismatic and protean individuals with their will to power" (Harvey, 1992, p. 263). This action can, given the circumstances, at best, condense conservative organizations, and, at worst, drive reactionary demands.

The paradox of postmodernity is of incalculable size, while individualization and the need to belong to a space shape cultural and political thought in these times. In any case, a blind nationalism seems to emerge in the face of barbarities in the changing world.

This could not be different when it comes to the resolutions stripped by prohibitionism. As a result, we have segments from different professional categories questioning the treatment of those who make harmful use of drugs. However, as Escohotado (2004, p. 133) ironically explained, a *therapeutist* initiative that treats these individuals in a way "similar to those suffering from ulcers or pneumonia" has been expanded and, not sur-

prisingly, there are reactions against this initiative. As pointed out by jurist Edwin Schur (1965 *apud* Escohotado, 2004, p. 133), "using certain drugs was just one among many other crimes without *corpus delicti*, such as homosexuality, pacifism, prostitution, euthanasia, and gambling in unauthorized places."

In the field of drug policies, there is a new order reaffirming the prohibitionist pact in the fight against substances and their users. The war on drugs discourse promoted by American President Richard Nixon (1969-1974), when he chose illicit substances as the country's number one enemy, thus reverberates in a new wave of violence against people who consume them, as it also reaffirms the bad influence of Latin American countries in the midst of the purely clean nation.

Despite this, the erosion of the myth behind the American dream echoed multiple voices regarding the arbitrary conduct of the state, such as the ferocity of the capitalist mode of production and, also, the exacerbated violence against other nations, the result of expensive wars with no apparent justifiable reason.

It is in this scenario, therefore, that the counterculture movement emerges, signaled by Harvey (1992) as dissatisfaction with the way the modern era unfolds after 1945. Art and culture begin to respond to the hegemony of the dominant class and the rationality that constrains individuals. Thus, the very elements that structure social relations in the face of US imperialism create the political and ideological weapons for its criticism.

The prohibitionist movement, according to Escohotado (2004), presents fragments since its genesis and permanence, resulting in various resistances and criticisms. Thus, there are moderates, rejecting the distinction between pharmaceutical drugs and narcotic drugs, believing that the problem with drugs lies with individuals and not with substances. Radicals also emerged, which built criticism around the definition of drug addiction and pointed to the processes of stigmatization. For this group, the main points are the intervention of the state in the private lives of individuals and the ineffectiveness of controlling certain substances, which is of no use in reducing consumption.

The changes orchestrated in the 1970s and 1980s configured new patterns in various sectors of production and social reproduction. The so-called flexible accumulation disdained Fordist rigidity, widely spreading the need for new sectors of production, "new ways of providing financial services, new markets, and above all highly intensified rates of technological and organizational commercial innovation" (Harvey, 1995, p. 140).

In a report by the Latin American Commission on Drugs and Democracy[1] (2009) titled *Drugs and democracy: towards a paradigm shift*, the public debate on the main con-

1 Commission formed by former presidents such as Colombia's César Gaviria (1990-1994), Mexico's Ernesto Zedillo (1994-2000) and Brazil's Fernando Henrique Cardoso (1995-2003) and integrated by seventeen more independent personalities.

clusions of the aforementioned commission is presented when evaluating the impact of the "war on drugs" policies, as well as recommendations for more efficient, safe, and humane strategies. Such proposals constitute a profound paradigm shift in understanding and confronting the real and partisan scenario of prohibitionist practices that structure the drug problem in Latin America.

By emphasizing that current drug policy is permeated with prejudices, fears, and ideological views, the authors start with the premise that, to at least recover the historical account of a century of prohibitionism, its failure must be recognized.

> The strategy fundamentally centered on repression failed in Latin America. The desire for a drug-free world does not constitute a realistic horizon and, therefore, cannot be the basis of public policies, whose objectives must prioritize prevention, treatment, and harm reduction for society as a whole, individuals, families, and institutions. (Comissão Latino-Americana..., 2009, p. 38-39).

The document continues to criticize the current way, based on US initiatives with a strictly prohibitionist nature, highlighting both the need to look at the European Union countries that have adopted measures based on harm reduction, and to hold the US responsible for mobilizing this prohibitionist crusade which does not apply to the diverse political and social realities of other nations.

The commission continues to use the US as an example, even blaming it, to demonstrate the ineffectiveness of the prohibitionist policy. In this sense, as Fiore (2012, p. 9) tells us, "prohibitionism does not exhaust the contemporary phenomenon of drugs, but marks it decisively". Therefore, criticism of the war on drugs movement and the ideology of a drug-free society constitute structural issues in the analysis of drug policies, particularly due to the increase in the incarceration rate (Borges, 2019), the markers and indicators of violence and human rights violations (Cerqueira, 2023), in addition to encouraging corruption in political circles and public security agents. Furthermore, it is disproportionate, in terms of values, how much the US uses its economic resources to combat trafficking, such as the promotion of wars – resources that could be destined for the health, prevention, treatment, and rehabilitation of drug users.

The document lists the participation of civil society and public opinion as a means and end for establishing new policies around drug use. To this end, he states that it is necessary that these are based on scientific studies and not on ideological principles in favor of some of the more conservative segments. According to the commission, the prohibitionist orientation of combating "drugs through prohibition, repression, sanctions, and punishment not only does not solve the problem, but also generates new and more serious ones" (Comissão Latino-Americana..., 2009, p. 38).

Analyzing drug trafficking, violence and corruption triggered by prohibitionist initiatives, the commission listed the main consequences of the war on drugs in Latin American countries in recent decades, namely: 1) the development of parallel powers in areas of fragility of nation-states; 2) the criminalization of political conflicts; 3) corruption of public life; 3) the alienation of poor youth; and 4) the displacement of peasant people and the stigma surrounding traditional cultures.

Nonetheless, those responsible for the document highlight the intrinsic relationship between homicides, firearms, and the drug trade. According to the commission, in Brazil, "weapon and drug trafficking has come to dominate the criminal dynamics in metropolitan regions, and affects society as a whole and its institutions" (Comissão Latino-Americana..., 2009, p. 26).

However, it is worth noting that, consequently, the marginalized, peripheral, and segregated territories in which the poor, black population lives in precarious conditions and vulnerable in social life are constantly controlled by traffickers. A parallel power is then constituted and part of the income obtained through illicit trade is used to maintain corruption, involving public sectors, police authorities, and the public security system (Ferreira; Marcial, 2015).

Prohibitionism and its war on drugs are structured, therefore, as a colonialist, hygienist, racist, genocidal death project that is configured as a policy of racism by the Brazilian state towards the majority of the working class, the black population and its racialized territories (Ferrugem, 2019; Paula, 2022). At each historical moment, these policies are updated and imposed under the order of capital, even more so in a neoliberal context, with its historical and contemporary logic and structure of maintaining social inequalities.

Prohibitionism as a structuring axis of public policy on drugs in Brazil

Drug policy in Brazil has been related to the prohibitionist logic since its beginnings, through legislation in Brazil, as was the case in 1921with Decree No. 14,969, which established compulsory treatment for people using harmful drugs. This was also the case with Decree No. 4,294 from the same year, which established a prison sentence for the sale of opium, morphine, heroin, and cocaine, permitted only for medicinal use. These decrees were established in the post-World War I period, which highlights a certain historical relationship with this event and, also, with the industrialization process that marked the advance of capitalism in the country (Tomaz, 2023).

In the 1930s, with Getúlio Vargas's provisional government, there was a gradual transition from the liberation to the regulation of drug use. In 1940, prohibitionism

gained more strength in Brazil and, in this way, punishment became stronger and people were treated as sick and criminals. Between 1961 and 1964, with the military coup, significant changes took place. The presence of censorship, extraordinary courts, and the suppression of human and individual rights marked this period.

In the 1970s, following the Convention on Psychotropic Substances in 1977, drugs became part of the list of prohibited substances. The convention supposedly showed concern for the health and well-being of humanity, determined to prevent and combat the misuse and trafficking of drugs, showing that there was a need for a union of international efforts against misuse. Thus, prohibitionism gains new and important momentum.

With regard to the content of Brazilian legislation on drugs, significant changes have taken place since the 2000s. Even though drug policy and the Brazilian state are still aligned with the prohibitionist discourse, health care is no longer a kind of appendix of this policy, even though the inherent contradictions of a militarized political-organizational structure for tackling drug-related issues persist (Duarte, 2015).

In the field of mental health, the issue of alcohol and other drugs came about late, only in 2002, through Ordinance GM/MS No. 336 (Brazil, 2002). Psychosocial Care Centers for Alcohol and other Drugs (CAPSad) emerge, including harm reduction, the promotion of users' autonomy, and care in freedom, as an ethical-political direction in this new model of care (Brazil, 2003), psychosocial care.

In this way, the movement would go against prohibitionist actions that were imprinted on the moral model in relation to users and their drug use, contrary to their criminalization in the face of the incarceration of the "immoral". It must be borne in mind that the "war on drugs", in fact, does not refer to a war against substances, but against poor, peripheral, and black people.

In 2010, a conservative wave was built throughout the whole nation around the crack epidemic in the media, in defense of forced hospitalization (Duarte, 2015) and repression as a strategy for care (Duarte, 2016). Therefore, as a response from the Brazilian state, the Comprehensive Plan to Combat Crack and Other Drugs emerges under the Lula da Silva government, and changed in 2011 under the Dilma Rousseff government to "Crack, it is possible to win" (Duarte *et al.*, 2023), with the aim of combating trafficking and criminal organizations, and mapping prevention activities.

The fact is that with this conservative offensive within the state apparatus there is a new configuration for the policy of mental health, alcohol, and other drugs, with the return of the defense of isolation as a treatment, discipline and religion as a cure, strengthening the therapeutic communities (CT) as the new subject of care, which combines technical-scientific knowledge and spiritual practices. This policy of regression is markedly observed in Michel Temer's administration, contributing to the defunding of the psy-

chosocial care network, in particular, the psychosocial care centers (CAPS) and with the increase in investment in CTs and traditional psychiatric hospitals (Caputo *et al.*, 2020).

In view of this, the neoliberal traits of the Brazilian state are increasingly observed, which points to the increase in medicalization, pharmaceuticalization, and medical corporatism, responding to the crisis with hospitalization (Duarte, 2018). Added to this is the approval of Constitutional Amendment No. 95, which limits public spending for 20 years. Therefore, in addition to underfunding, funding is being cut, especially for the health sector.

It is in this context of heightened conservatism and state counter-reform that the complete dismantling of the sector emerges, under Jair Bolsonaro's government, when Law No. 13,840 appears (Brasil, 2019). This law changes other legislation related to guaranteeing anti-asylum care, through the authorization of compulsory hospitalizations and reception in CTs in the logic of enclosure. Thus, people profit from madness and drugs, reinforcing widespread hospitalizations, produced by the moral panic that these issues trigger, supported by social hygiene, conservative moralism, and rights violations.

However, in the context of the COVID-19 pandemic, from 2020 to 2022, in addition to the health and political crises, a set of legislation emerges that subject many individuals who make harmful use of drugs, among children and adults, as well as among people in situations of homelessness and immigrants, to isolated hospitalizations in CTs (Tomaz, 2020). It is noteworthy that such regulations were orchestrated by the then manager of the former National Secretariat for Drug Care and Prevention (Senapred) under the Ministry of Citizenship under the Bolsonaro administration, psychiatrist Quirino Cordeiro Júnior. Since then, receptions in CTs have not been interrupted, given the increase in places and funding. This was only possible because before, under Michel Temer's administration, this psychiatrist was national coordinator of Mental Health, Alcohol and Other Drugs under the Ministry of Health, and instituted the split between public policies as two different portfolios, becoming public also by issuing the immoral technical note that highlighted the psychiatric counter-reform and the asylum, punitive, prohibitionist logic related to these themes during the Bolsonaro administration. However, it is worth noting that this body protecting CTs remains, with a different logic and a different name, under the current Lula administration, under the Ministry of Development and Social Assistance, Family and Fight Against Hunger.

Limits of care for people with mental disorders and drug use: issues for the psychosocial care network

The psychosocial care model, which has as its pillar care in freedom for the field of mental health and drugs, is influenced by historical-cultural, social, and political-eco-

nomic factors, which influence the application of public mental health policy, alcohol, and other drugs in Brazil. We affirm, therefore, that this field has broad aspects that affect the organization, quality and effectiveness of the services provided daily to the population using the public health network.

Throughout this article, it was possible to demonstrate that prohibitionism marks the history of care for drug users in this country, in conjunction with the already established phenomenon of exclusion-violence in care for the so-called "crazy" people of the past. This historical path has repercussions on the social relationships currently established between professionals and users in territorial-based psychosocial care services, as well as on the development of life relationships in the territory itself.

Thus, the daily relationships experienced by people with mental suffering and who make harmful use of alcohol and other drugs are permeated by the symbolic and psychological violence of withdrawal from social life,; by the social hygienism promoted by the state, by the sometimes moralistic positioning of health staff themselves when dealing with this public, and also by the physical and lethal violence promoted by both the police and criminal organizations that, contradictorily or not, often appear conservative and intolerant towards these people. Thus, one of the challenges to be faced in public psychosocial care services is violence itself and the consequent risk to the lives of users and professionals, as this has become one of the characteristic elements of social relations in the territory (Silva, 2021).

These people repeatedly have their lives impacted by different types of violence, but also by the difficulty in accessing public services, whether in the area of health or other public policies. This difficulty arises from access barriers (re)created daily in the professional-user relationship, which have at their core the prejudices that over many years have underpinned a moralistic, exclusionary, and structurally racist logic of institutional functioning (Silva, 2021).

Cohn (2017) explains that the difficulty in accessing services imposed on users of the Unified Health System (SUS) occurs because of infrastructure problems in the devices, but also because of issues related to the resistance that professionals have when serving the public. This resistance to receiving and assisting users who make harmful use of drugs in public services has been one of the main barriers to the construction of care from the perspective of comprehensive and networked health.

Most professionals who provide health care for these people also face access barriers established both by the moralistic nature of drug prohibition and by the (re)asylumization of madness (Guimarães; Rosa, 2019). It is in this sense, therefore, that it is necessary to analyze the nuances that Brazilian historical-cultural moralism entails, as professionals outside the field of psychosocial care have great difficulty, based on preju-

dices, in dealing with people with serious and persistent mental suffering; however, the so-called "madness is apparently more acceptable than the use of drugs, whether illicit or not" (Silva, 2021, p. 86).

In this context, it is worth noting that people with serious mental suffering who use drugs suffer double social stigmatization, which presents itself as one of the obstacles that professionals in the field of psychosocial care have in relation to other public policy fields, in the face of the need to forge intersectoral networks.

Regarding the multiple social stigmas surrounding this public, it is identified that major sources of dissemination of such ideals, in the last decade, are (neo)conservative political-party groups, which have managed to occupy the state apparatus and publicly reinforce dehumanizing assumptions that resonate with the population in general, and with various professionals who make up intra- and intersectoral networks.

The discourse promoting asylum hospitalization and prohibitionism, coming from a large part of the state's public agents, not only had an impact on common sense, but also promoted the repositioning of the National Drug Policy and the National Policy on Mental Health, Alcohol, and Other Drugs. Therefore, it is clear from this the reaffirmation of the need to eliminate the various uses of drugs, the broad encouragement of the "war on drugs" by the state, the "treatment" of users through social isolation in CTs, and the lack of social recognition that drug use is a global public health problem.

This moralistic discourse places danger both in people who make harmful use of alcohol and other drugs, as well as in those with serious mental suffering. Not surprisingly, this negatively affects health care in the CAPS, becoming yet another challenge for professionals in the area. This is because the target subjects of health care appropriate these discourses and connect with the (neo)conservative ideas that subjugate them and (re) direct them to the place of being excluded and non-deserving of public assistance, which imposes to professionals the responsibility of deconstructing these ideas and recognizing the legitimacy of this care (Silva, 2021).

> The challenge of building mental health and drug care for this population, prior to other challenges, is making service users themselves realize that the physical and symbolic violence they experience is not legitimate, including forced hospitalizations (Duarte, 2015), insofar as they are no less holders of rights than the population that does not have serious and persistent mental disorders or that do not make harmful use of drugs and, furthermore, trying to deconstruct the common idea that drug use is not an issue of public health (Silva, 2021, p. 88).

Another issue to be addressed in the field of psychosocial care is the difficulty in implementing network care, both intra- and intersectoral, since this daily construction is

also faced with the moralism characteristic of our country's history, which can contribute to call into question constitutionally guaranteed social rights (Brazil, 1988) since the end of the 1980s.

On this issue, Bermudez and Siqueira-Batista (2017) clarify that the concept of networks is not restricted to a set of rules, decrees and legislation on a certain number of services and their respective administrative organization. Networks also concern people, connections, relationships, and professionals. Therefore, it is needed more than what was previously present to create a network that makes comprehensive and intersectoral care possible, going beyond the limits of the field of psychosocial care itself.

It is essential, therefore, to understand networks as networks of people, open to interconnections, free from organizational hierarchies, primarily horizontal between subjects (Duarte, 2017), dialogical, and flexible. Based on this understanding, it is possible to analyze both the obstacles encountered in working with different professionals, in the most diverse socio-occupational spaces, and their power in promoting comprehensive health care.

Such networks are sometimes built based on the need for intersectoral work and are not free from resistance(s) and barriers to access, thus evoking reflection on the incoherence between the hegemonic discourse favorable to intersectoral network work and the concrete difficulty that professionals in the field of psychosocial care find in carrying out work collectively.

Thus, it is considered that intersectorality is indispensable as a response to the social and health needs of individuals (Senna; Garcia, 2014), especially those who benefit from the psychosocial care service network. Furthermore, intersectoral work only happens after establishing the essential coordination between professionals. Therefore, the challenge of making professionals (either themselves or others) more open to fluid practices and willing to build more accessible networks, equipped with countless possibilities for connections, is evident (Duarte, 2017).

Finally, it is appropriate that we start reflecting on the reduction of social and health damages and risks as an expanded logic of care in the field of psychosocial care, but which for many years was understood as a set of actions aimed primarily at users of injectable drugs. The main objective was to reduce the transmission of the HIV virus, through the distribution of syringes and condoms, during the 1980s.

After this period, harm reduction actions were transformed and no longer had this target audience, as the number of people infected as a result of drug use decreased considerably. The group that became the focus since then was people who make harmful use of alcohol and other drugs. The guiding idea of the actions was to replace a drug considered "heavy" with another considered "light".

The changes in these actions made it possible to create an expanded logic of health care that, currently, is not restricted to methods that strictly include harm reduction such as replacing one drug with another or distributing syringes and condoms. Currently, part of the field of psychosocial care has been dealing with harm reduction as an ethos of care, which has been aimed at people who make harmful use of drugs. However, it focuses on providing psychosocial support to the subject, even if it is not possible to reduce use (Silva, 2021).

It is necessary, however, to reflect on the essential overcoming of the interpretation of harm reduction as a specific practice of professionals who work exclusively with the AD (alcohol and other drugs) public, expanding it to the entire field of psychosocial care and understanding as a logic of health care, which focuses on social bonds, on the possibilities of each subject, on a daily basis, based on their uniqueness and respecting their choices, to the detriment of the centrality of substances or even diagnosis.

Final considerations

The history of prohibitionism in Brazil and around the world, in fact, permeates relations of power, domination, exploitation, and oppression. It is, however, a racist, punitive, and deathly logic, which structures social and political life organized by state management, in this case, Brazil. It is present in culture, in ways of thinking, in health institutions, social assistance, education, and clearly in public security, with its agents and with the perpetuation of violence resulting from the war on drugs, which focuses on the bodies of black, poor, slum-dwelling and peripheral people, particularly the young, with barriers in formal jobs, education, and many other public policies.

Cerqueira (2023), in recent research, analyzing the phenomenon of drug prohibition and police violence, sought to quantify this issue with some economic and public health indicators. The report shows that homicides affect consumption and income generation not only for victims, but for society as a whole. The author analyzed the number of homicides attributed to drug prohibitionism (HAPD) in 2017, collecting data particularly from Public Security public bodies, both in the states of São Paulo and Rio de Janeiro, as well as in the cities of Belo Horizonte, Minas Gerais and Maceió, Alagoas.

The document points out that intentional violent deaths, resulting from the war on drugs in Brazil, represent 34.3% of deaths associated with drug prohibition. This therefore contributes to reducing life expectancy by 4.2 months per person at birth. This conclusion reinforces, in our view, that once again repression and violence, as strategies to combat drugs, must be abandoned and replaced by other types of actions, particularly harm reduction policies, human rights education, health care, and comprehensive territorial psychosocial care, as well as market regulation and legalization of drugs.

It is in this context that the criticisms and conclusions of our academic research emerge, which we were able to present synthetically in this article. However, it is worth highlighting that we still face paradigmatic tensions, as per Teixeira *et al.* (2017), about facing the prohibitionist and asylum model versus the anti-prohibitionist and psychosocial model. Thus, these disputes are fought and the resistance of the opposite poles is felt, both in the public and political fields, which structure public policies on drugs. But the fact is that we have a lot to break away from and invent regarding care in freedom, especially when it comes to the harm reduction strategy as an ethics of care in the clinic for people who make harmful use of alcohol and other drugs or who are in mental distress, in the face of the imperatives of abstinence and morality that persist as a logic and model for care, even in divergence of psychosocial care that focuses on autonomy and citizenship.

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