



HAL
open science

Crack cocaine in Brazil: Markets, open scenes and public responses

Julie Costa, Taniele Rui

► **To cite this version:**

Julie Costa, Taniele Rui. Crack cocaine in Brazil: Markets, open scenes and public responses. *Drogues, enjeux internationaux*, 2023, 16, 8 p. hal-04241744

HAL Id: hal-04241744

<https://hal.science/hal-04241744>

Submitted on 20 Oct 2023

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

DRUGS, INTERNATIONAL CHALLENGES

CRACK COCAINE IN BRAZIL OPEN SCENES AND PUBLIC RESPONSES

SUMMARY

In the 2000s, Brazil was confronted with the expansion of crack cocaine use, particularly among disadvantaged groups in its main urban centres. Being the subject of high political and media visibility, the issue of crack cocaine has overwhelmed the country's social and political agenda. This issue of *Drugs, International Challenges* provides an overview of the Brazilian context, in its territorial and socio-historical context. It presents the

evolution of crack cocaine use and trafficking in terms of their emergence as a social problem and as an issue for local and a national public action. It then shows how the spectrum of public responses in this area has fuelled intense public debate, marked by contrasting political and therapeutic proposals.

In the 2000s, Brazil was confronted with the expansion of crack cocaine use – a different product from the crack cocaine in France (see box p.2) – particularly among disadvantaged groups in the main urban centres (Bastos and Bertoni, 2014). This situation is closely linked to the high availability of cocaine, in a context where the country is both a production and transit area for this psychostimulant (UNODC, 2023). Against a backdrop of extreme poverty and structural violence, crack cocaine use has risen to the top of the social and political agenda in Brazil's major cities, sparking intense debate marked by contrasting political and therapeutic proposals (Rui, 2014; Souza, 2016). This issue of *Drugs, International Challenges* analyses the territorial and socio-historical evolution of crack cocaine markets in Brazil. It begins by looking at the country's place in international cocaine trafficking, and how the product became an integral part of Brazilian organised crime within the national drugs markets. It then provides an overview of the supply and use of crack cocaine in the country, and finally traces the development of public responses to the problem.

On the South American cocaine routes

Strategic geopolitics

In its latest report (UNODC, 2023), the United Nations Office on Drugs and Crime highlights the central role played by Brazil in cocaine trafficking. In close proximity to the countries that produce this psychostimulant (Colombia, Peru, and Bolivia), the country has become one of the most important intercontinental transport hubs, thanks to a complex network of air, road, river, and sea routes. Various cocaine products are brought to Brazil from production centres in the Andes and Paraguay via the country's open continental borders, which are difficult to monitor (UNODC, 2023). For example, the region bordering coca-producing countries alone stretched for 8 062km (5 010 miles), more than twice as long as the border between the United States and Mexico (3 145km/1 955 miles), which is largely covered by tropical forest (CdE, 2021). Once in Brazil, some of the

cocaine reaches the export hubs, including international airports and major Atlantic ports such as Santos, in the State of São Paulo. Despite the growing interconnectedness of this logistics network, the state has for years been the main point of departure for overseas shipments of all types.

The main hub to Europe

Most of the cocaine leaving Brazil is destined for Europe, which, with an estimated 5.2 million users in 2020, is the world's second biggest consumer of the drug¹ (UNODC, 2022, 2023). In addition, its commercial links, due in particular to its linguistic proximity to Portuguese-speaking countries such as Mozambique, Angola, and Cape Verde, favour connections with the African continent, the western part of which constitutes a bounce zone towards Europe. During the period 2015–2021, Brazil accounted for 70% of the cocaine seized in Africa. An example of the scale of these latest movements: in March 2022, a tonne of cocaine was seized in Santos in two containers bound for Belgium and Ivory Coast (UNODC, 2023).

An organised crime with deep roots

Brazil's growing involvement in the international cocaine trade has taken place against a backdrop of the development of other illicit markets – arms, stolen cars, gambling, rackets, kidnapping etc. – contributing to the structuring of numerous criminal groups, such as the *Primeiro Comando da Capital* (PCC) in São Paulo and the *Comando Vermelho* (CV) in Rio de Janeiro (CdE, 2021), who are currently fighting for control of these markets, particularly the cocaine market. These criminal groups, which emerged in the early 1990s and are rooted both in prison complexes and in the urban outskirts, particularly in the Brazilian favelas, have played a major role in fuelling local drugs markets, while maintaining complex and ambiguous relationships with Government stakeholders (Arias and Grisaffi, 2021; Feltran, 2020). Indeed, since the 1990s, recurring political scandals involving provincial and federal MPs, as well as judges and police officers, have demonstrated their infiltration on the various institutional spheres of power (Labrousse, 2003).

Similarly, while these factions have relied on principles of solidarity and “respect” among their members, they have been the instigators in particular violent urban conflicts, whether in the context of territorial rivalries with competing groups or armed clashes with police forces (CdE, 2021; Feltran, 2020). At the same time, these factions are undergoing a process of internationalisation with the development of groups abroad, such as in Paraguay, Bolivia, and Peru, from where they oversee part of the cocaine production process and organise its transport to Brazil. Beyond Latin America, the PCC, the most powerful group in the national crime landscape, appears to have established strong business links in Mozambique, where a notorious Brazilian trafficker was arrested in 2020. This group is also establishing itself as the main contact in Brazil for European criminal groups such as the ‘Ndrangheta (UNODC, 2023). Other Brazilian figures not linked to the PCC or CV are also playing an increasing role in Europe, as demonstrated by the arrest of Sérgio Roberto de Carvalho, “The Brazilian Escobar”, in Budapest in June 2022².

Crack Cocaine in Brazil

While in North America and Europe the product known as crack cocaine refers to cocaine base obtained by processing cocaine hydrochloride, in Brazil the name crack cocaine refers to a different product, obtained directly from the dried coca paste and/or cocaine base (UNODC, 2021). It takes the form of small stones with a solid, non-friable consistency. It is mainly intended to be smoked in *ad hoc* or improvised pipes using cans and cups. It can also be consumed in cigarettes, mixed with tobacco or cannabis herb. Crack cocaine has a strong stimulant potential, and its effects are both quick and short-lived when inhaled. The scientific literature associated this drug with compulsive use and with an addiction defined as “psychological”. Its use can lead to somatic complications of a cardiac, neurological, and respiratory nature, as well as various types of oral and finger infections.

According to the United Nations Office on Drugs and Crime (UNODC), the crack cocaine circulating Brazil's main markets is either manufactured locally or imported from the Andean countries in the form of one-kilo blocks (UNODC, 2021). In addition to crack cocaine, other forms of coca derivatives are available on the South American illicit consumer markets. These drugs are made from the two main intermediate products obtained during the cocaine hydrochloride manufacturing process: coca paste and cocaine base. Coca paste is extracted from the leaves of the coca bush. Once purified, it yields the cocaine base, which can then be converted into cocaine hydrochloride. This “spectrum of drugs” is mainly consumed in South America, where it accounts for a large proportion of the domestic cocaine market (UNODC, 2023), and circulates under a variety of street names: *pasta básica de cocaína*, *PBC*, *pasta*, *basuco*, *merla*, *mescla*, *zuca*, *pitillo*, *paco*.

Domestic markets and small-scale laboratories

Brazil is not only a transit area for cocaine intended for international markets. The country has also become a major source of cocaine consumption, with an estimated 1.5 million users in 2016 (UNODC, 2021). While the use of cocaine hydrochloride (powder) remains an economic and symbolic marker of the middle and upper classes, the use

1. These estimates include Western, Central, Eastern, and South-Eastern Europe (UNODC, 2022). With average purity still rising, the quantities of this drug intercepted in 2021 reached 300 tonnes, a new record which confirms the expansion of European markets over the last few years (EMCDDA and Europol, 2023).

2. “Alleged drug kingpin arrested in Hungary”, Interpol, 22/06/2023. Available on: <https://www.interpol.int/News-and-Events/News/2022/Alleged-drug-kingpin-arrested-in-Hungary> (Accessed: 30/05/2023).

of crack cocaine has spread primarily among the poorer population of urban centres, where *pedra*³ was more widely available and sold at a low unit price of around one euro, or even less for split doses⁴. The cocaine and crack cocaine markets in particular are also closely linked with the Brazilian informal economy (Rui, 2014), with its trading and credit sales systems, which are factors in the build-up of debt and the violent settling of scores within national drug markets (Daudelin and Ratton, 2017). The rise in the consumption of various coca derivatives has also encouraged the emergence of laboratories, some of which focus on domestic markets. Although the extent of this phenomenon is poorly documented (UNODC, 2023), the media routinely report police operations in urban and rural areas involving the dismantling of laboratories throughout the country, such as in Bahia where, in February 2023, three small-scale cocaine and crack cocaine manufacturing laboratories were found by the local public security services⁵.

Crack cocaine in Brazil: a history of poverty and urban conflict

The beginnings and the territorial expansion (1990–2000)

While the precise circumstances surrounding the introduction of crack cocaine in Brazil remain unknown⁶, accounts suggest that the drug appeared at the end of the 1980s in the south-east of the country, on the outskirts of São Paulo, particularly in the working-class district of São Mateus where it quickly became an established part of the drug consumption and trafficking scene among the youngest and most impoverished sections of the population (Uchôa, 1996). The political and social context of the time is important in understanding the phenomenon. Institutionally, the military dictatorship (1964–1985) came to an end and democracy and civil liberties were formally



Cracolândia, São Paulo. Touz Dias, 2022.

3. Stone or rock, the unit of sale for crack cocaine.

4. All reals-to-euros conversions are made at the average exchange rate for the reference year, according to the Brazilian Central Bank. Available on: <https://www.bcb.gov.br/conversao>.

5. "Três laboratórios de cocaína são desmontados na Bahia em 16 dias", G1, 16/12/2023. Available on: <https://g1.globo.com/ba/bahia/noticia/2023/02/16/tres-laboratorios-de-cocaina-sao-desmontados-na-bahia.ghtml> (Accessed 23/04/2023).

6. Historical evidence suggests, however, that the smokable cocaine products available in Brazil were probably imported from the neighboring Andean producer countries, where they have been traded since at least the 1960s.

restored, while economically, the Brazilian economy opened up to neoliberal globalisation, resulting in rising unemployment and social inequality (Dedecca, 2001). These changes provided fertile ground for the growth of illegal markets and for the criminal groups that control them, and have fuelled the growth in violent crime. The homicide rate rose from 11.69 per 100 000 inhabitants in 1980 to 27.35 in 2000, these figures closely correlate with the growth of drug trafficking and the structuring of criminal networks competing for markets and territories (Feltran *et al.*, 2022).

Growing urban visibility and high media profile (2000–2010)

The second half of the 2000s was an important turning point in the history of crack cocaine as a social problem in Brazil (Bastos and Bertoni, 2014). In urban centres, the period was marked by an increase in the number of vulnerable consumers with serious physical and psychological problems, leading to the emergence and spread of open drug scenes. In the heart of the country's largest metropolis, in São Paulo, the *Cracolândia* was not only the main place where this drug became a permanent feature in the public sphere, but also the main local area for the controversies associated with the care of people who consumed it. Since then, the *Cracolândia* has been largely invested in by journalists, researchers, and secular and religious institutions. Albeit exceptional, it became then a major revelation and mirror of what has become the “crack cocaine problem” in Brazil. Between fascination and aversion, the symbolic centrality of this setting is all more important given that the term *Cracolândia* soon extended beyond its geographical boundaries to refer to any gathering of drug users.

The late 2000s saw the height of a particular sensationalist political and media approach to the subject of crack cocaine, presented as a social ‘scourge’ at the heart of an ‘epidemic’ unprecedented in national history. Combined with stigmatising representations of the drug and its users, this approach to the problem was all the more vigorous in that it was a poorly documented phenomenon. For a long time, scientific studies and epidemiological data have remained localised, incomplete, and scattered, with no systematic survey conducted before 2012 on a representative sample of the population (Bastos and Bertoni, 2014). While it was acknowledged that the country was facing real social and health problems linked to the use of crack cocaine, subsequent research will provide a more detailed picture of the situation and help deconstruct some of the myths that had been perpetuated until then.

Socially situated consumption

*The Secretaria Nacional de Políticas sobre Drogas*⁷ (National Secretariat for Drug Policies), far from the millions of users reported by the media and relayed by certain political leaders, reports, thanks to a national survey that is still the largest and most comprehensive on the subject, that there were 370 000 users of crack cocaine and related drugs in Brazil's state capitals in 2012, representing 0.81% of the population (Bastos and Bertoni, 2014; UNODC, 2023). It

also highlights a very specific sociological profile of these populations. Comprising mainly young adult males (79%), 79% of whom are ‘non-white’⁸, with an average age of 30, they were characterised by a high prevalence of social disaffiliation. Only 18% had a level of education equivalent to (16%) or higher than (2%) the *baccalaureate* (academic qualification taken at 18), while 40% were homeless and 49% had a history of incarceration (Bastos and Bertoni, 2014). A number of subsequent studies carried out among sub-groups of users or in the general population have reiterated these findings and demonstrated the statistical marginal and socially restricted nature of crack cocaine use⁹. In 2017¹⁰, for example, while 0.9% of people aged between 12 and 65 said they had used powdered cocaine in the past year, only 0.3% said they had used crack cocaine or one of its substitutes in the past year and 0.1% in the past month (FIOCRUZ, 2017). Although some of the data remain incomplete and do not allow for an in-depth analysis of changes in the relevance over the last ten years, the country continues to be considered as the main crack cocaine consumer in the world, in a context where many indicators point to an increase in the domestic availability of cocaine in its various forms¹¹ (UNODC, 2023).

Heterogeneous territories

While the available data attest to the spread of crack cocaine throughout Brazil in the 2000s (Bastos and Bertoni, 2014), it is also important to emphasise that not all major cities have seen the emergence of large open scenes like the *Cracolândia* in São Paulo. In Rio de Janeiro, for example, consumption areas have remained decentralised, and more discreet due to the small number – a few hundred – of consumers. In cities such as Brasília and Recife, in the centre or in the north-east of the country, the same is true: consumers are more scattered around shopping areas, transport hubs, or even in derelict land and buildings. These heterogeneous territorial layouts reflect not only the history and urban geography of each city, but also the different ways in which marginal populations are managed by law-enforcement services and by the fractions that dominate the different neighbourhoods and ‘control’ drug trafficking there. In São Paulo, for example, crack cocaine consumption and sales are tightly controlled by the PCC. The regulation of local order by this criminal organisation on the outskirts of the city has helped to make its centre a refuge for many users and dealers, who have been forced out of the outskirts of São Paulo. In Rio, the war between factions, militias and police forces has created dispersed and moving criminal scenes in and around the favelas, with daily militarised raids constantly reshaping criminal gangs and territories.

Situational and controversial public responses

A highly publicised agenda

In the national political sphere, crack cocaine has emerged as a public health issue under the first presidency of Luiz Inácio Lula da Silva (Workers Party, 2003–2011). In December 2009, the Minister of Health launched a major national campaign to “alert and prevent drug use”, with the aim of “debating the

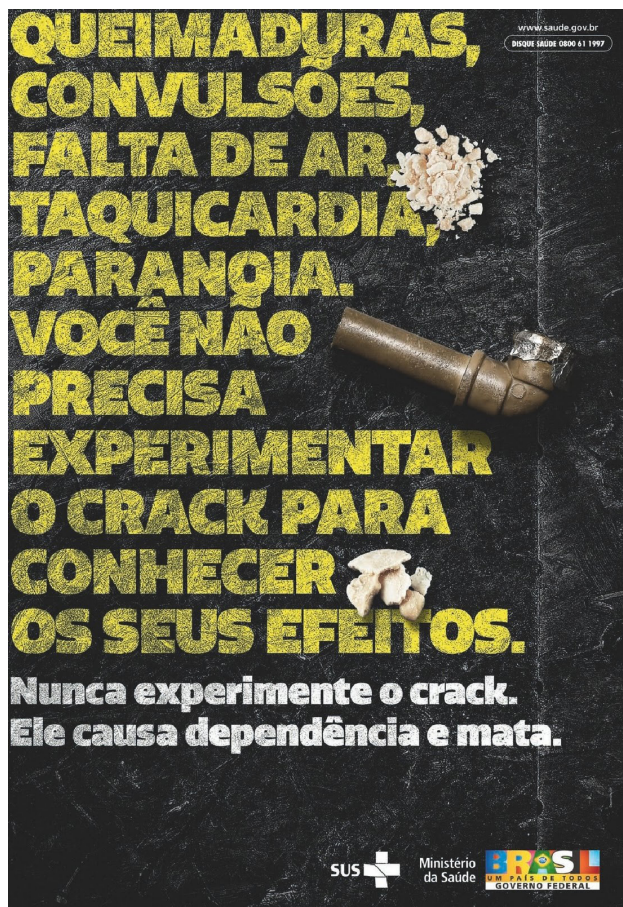
7. Entity then responsible for drug policy within the Ministry of Justice and Public Safety.

8. Either *pretos* or *pardos*, according to the national ethnic-racial statistical categories.

9. Combining the results of various studies carried out in 2012, UNODC estimated the prevalence of regular crack cocaine use in Brazilian capitals at 1.7% of the population aged between 23 and 29.

10. Latest national study on drug use in the general population.

11. In 2020, around 92% of the cocaine seized in Brazil was in the form of hydrochloride, 5% in the form of base paste and 3% was identified as “smoked consumption products, including products called crack cocaine” (UNODC, 2023, p. 67).



"Burning, convulsions, shortness of breath, tachycardia. You don't need to try crack cocaine to know its effects. Never try crack. It causes dependency and kills".

Source: Ministry of Health, 2009, Brazil.

issue and drawing up attention to the risks and consequences of drugs¹². In May 2010, a few months before the presidential election scheduled for October, the government finally launched the *Plano Integrado de Enfrentamento ao Crack e outras Drogas* (Integrated Plan to Combat Crack Cocaine and Other Drugs), the first policy in this area, with the aims of preventing use, treating and reintegrating users into society, and combating crack cocaine trafficking¹³. In this context, crack cocaine also became a central issue in the election campaign for the presidency of the Republic in 2010, which was won by the left-wing candidate and former minister for the Civil House¹⁴ under the Lulist government, Dilma Rousseff.

An ambitious plan marked by therapeutic controversies

During its first four-year term (2011–2014), around €1.8 billion will be allocated to structuring and implementing the national plan now known as *Crack, é possível vencer* or CEPV (Crack cocaine, it's possible to beat it), a major symbolic

milestone in political and institutional terms. Following in the conceptual and operational footsteps of its precursor, the CEPV was structured around the pillars of "prevention, support, and authority", with the aim of funding a wide range of initiatives, drawing on both government department and partners at a regional and city level. Intersectoral, this three-year plan mobilised various ministries, such as Education and Development and Fight against Hunger, reiterating the framing of crack cocaine as a multidimensional social problem (Mattos, 2017). In terms of health, the CEPV budget was used to fund harm reduction programs and therapeutic communities, while beds were made available in general and psychiatric hospitals. At the same time, the security aspect of the plan was aimed at strengthening municipal, military and federal police forces in terms of manpower and equipment, in order to preserve urban law and order and to strengthen repressive measures on trafficking and organised crime on a national scale (Confederação Nacional de Municípios, 2014).

While this plan helped to make crack cocaine a matter of public interest and a state priority, it also helped to rekindle controversy over the policies to be adopted towards drug-using populations. One of the most striking of these is undoubtedly the controversy surrounding the effectiveness of therapeutic communities (TC) and the place given to the psychosocial approach of the *Redes de Atenção Psicossocial*¹⁵ (Psychosocial Care Networks), based on the harm reduction paradigm and Brazilian psychiatric reform¹⁶ (Rui and Fiore, 2021). Structured around three main pillars –the requirement of abstinence as a condition of care, the prolonged hospitalisation of patients and estrangement from their family and community environment, and the use of religious/spiritual symbols and rituals as a therapeutic resource¹⁷ –these TCs are commonly accused of human rights violations. Many professionals in the health and social treatment sector ended up opposing their public funding, provided for by the CEPV¹⁸ (Ipea, 2017). This mobilisation led to stricter supervision and regulation of TCs, without, however, hindering them. In 2016, there were more than 2 000 facilities in the sector.

Conflicting local arenas

Given the decentralised nature of Brazil's drug policy, this national debate has also found its way in the states that make up the Federation. The State of São Paulo, whose eponymous capital is home to the *Cracolândia*, is a good example of the opposition to the plan. While the São Paulo state government, through the *Recomeço* (2013–today), prioritised funding for places in therapeutic communities, initiatives more focused on harm reduction were put in place between 2013 and 2016 by left-wing mayor Fernando Haddad. His *De Braços Abertos* program offered, among other things, care services (outreach services, outpatient treatment, etc.) and social support (shelter, integration projects, etc.) to drug users in *Cracolândia*. Despite positive evaluations (Rui *et al.*, 2016), the program was dismantled in 2017 following the victory of conservative candidate João Doria in the municipal elections. Since then, the new policy has led to an increase in police harassment in the historic area where the São Paulo open

12. Minister of Health press release 18/12/2009 (CNS, 2009).

13. "Integrated plan to combat crack cocaine and other drugs", see Decree no. 7 179, 20 May 2010. Available on: <https://www2.camara.leg.br/legin/fed/decret/2010/decreto-7179-20-maio-2010-606392-publicacaooriginal-127199-pe.html> (Accessed 05/06/2023).

14. The highest position in the Brazilian government.

15. The CAPS-AD is a hybrid of the French CSAPA (specialised drug treatment centres) and CAARUD (harm reduction facilities).

16. Governed by law 10216/2001, the reform is essentially based on the gradual closure of asylums and the development of outpatient treatment services for people with mental health problems.

17. In 2016, 82% of Brazilian TCs were linked to churches and religious organisations, particularly Evangelicals (40%) and Catholic (27%).

18. Justified by the shortage of public services for drug users, public funding of TCs was a common practice in various states and municipalities even before CEPV was set up. For a long time, these appeared as the most accessible addiction treatments, if not the only ones, available in Brazil (Ipea, 2017).

scene was set up, accompanied by a weakening of its low-threshold health and social care assistance structures and an increase in the precariousness of its beneficiaries. Lastly, a number of urban renewal projects promoted by the municipality have contributed to the dispersal of some of the users from *Cracolândia*, who, despite successive moves, remain in the centre of São Paulo (Cots Fernández *et al.*, 2022).

Effective results, but contrasted and below requirements

Even though they were subject to political and therapeutic controversies, these early years of Brazilian public action produced effective results, particularly in terms of public health. Firstly, putting the issue of crack cocaine on the agenda has made a major contribution to building, expanding, and sustaining support systems for drug users in the 26 federated states and cities, ranging from harm reduction initiatives to residential facilities. For example, in 2011 alone, the year in which the CEPV was set up, 139 TCs were created (Ipea, 2017). Similarly, between 2010 and 2014, 151 new alcohol and drug psychosocial CAPS-AD centres were set up, an increase of around 80% (SAPS, 2022). However, progress has remained very partial and uneven across the country. Among other shortcomings, only 53.5% of the resources initially allocated by the CEPV was spent, and no more than a hundred major Brazilian cities were involved (Confederação Nacional de Municípios, 2014). The scope of the actions formulated by the government thus turned out to be much more limited and concentrated than expected, far removed from the real needs of the areas and users affected by crack cocaine use.

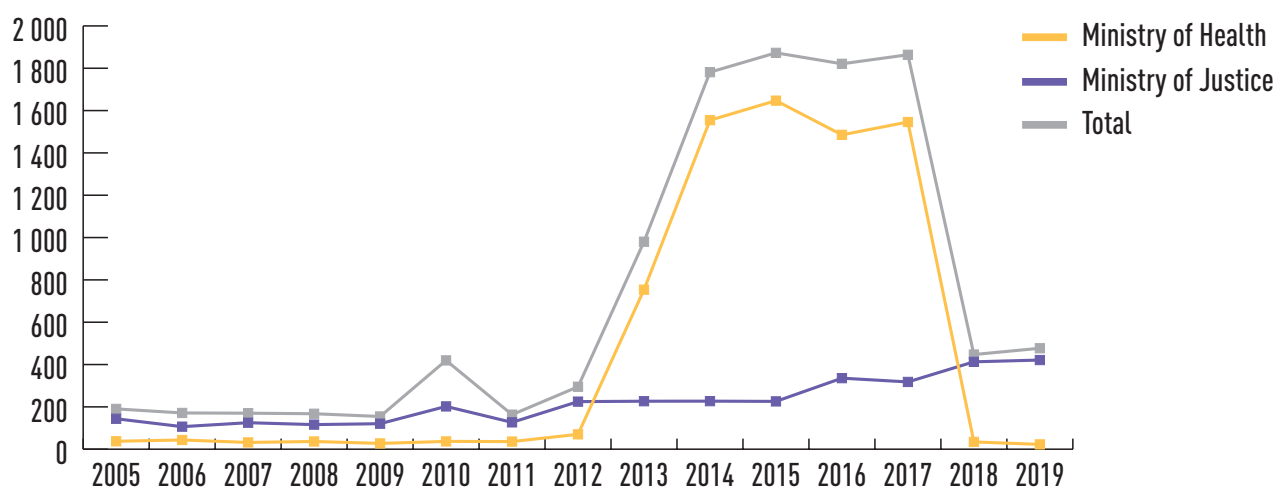
The conservative turn in times of crises

Dilma Rousseff's second term in office (2015–2016), which was marked by major institutional tensions, pushed the issue of crack cocaine into the background, highlighting the highly

short-term nature of Brazil's drug policy. The parliamentary coup d'état that overthrew the president in 2016 and, above all, the arrival of Jair Bolsonaro (Liberal Party, 2018–2022), who was strongly committed to public safety issues among his electorate, has finally marked a political turning point in this decade.

Major changes were made to drug policy under the pretext of the difficult economic situation. Annual direct expenditure in this sector fell from around €558 million in 2014 to €100 million in 2018 (Ipea, 2021), while the distribution of resources was characterised by a major redistribution in favour of the Ministry of Justice at the expense of the Ministry of Health. This fundamental shift was accompanied by changes to the regulatory framework in 2019. On the health plan, priority was given to therapeutic communities, which were more institutionally organised¹⁹ and have become the main means of combating addiction under the Bolsonaro administration, while harm reduction is tending to disappear from official guidelines. Between 2018 and 2019, the number of government-funded places in TCs rose from 2 900 to almost 11 000²⁰. Finally, compulsory hospitalisations took an important place in these new directives, which were essentially rooted in the prohibitionist paradigm, the other aspect of which was the development of strategic actions against transnational organised crime in the country's borders and neighbouring regions²¹ (CdE, 2021). Drug busts, particularly of cocaine products, have also increased significantly: having never exceeded 50 tonnes before 2018, busts of this psychostimulant exceeded 100 tonnes in 2019 (*ibidem*). At the beginning of 2020, the Covid-19 pandemic and the subsequent socio-economic crisis further accelerated the disruption of national policy by contributing to the weakening of safety and drug-related issues on the political agenda, including at municipal level where drug policy has been overshadowed for some years.

Graph 1. Direct expenditure on drug policies, in millions of Reals (2005-2019)



Source: graph produced by the authors using IPEA data (2021).

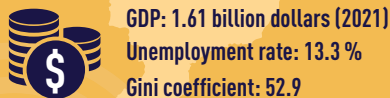
19. Now organised into federations, national organisations, and a Parliamentary Executive Front within the Federal Congress (Rui et Fiore, 2021)

20. Brazilian government press release, 15/04/2021 Available on: <https://www.gov.br/pt-br/noticias/justica-e-seguranca/2021/04/dois-anos-de-muitas-conquistas> (Accessed 30/05/2023).

21. In particular through the *Programa Nacional de Segurança nas Fronteiras e Divisões* (VIGIA).

Methodology and background data

This panoramic restitution is based on the interweaving of two main sets of materials. On the one hand, based on a wide-ranging literature survey, they draw on *i.* official reports from national and international monitoring bodies, *ii.* media sources

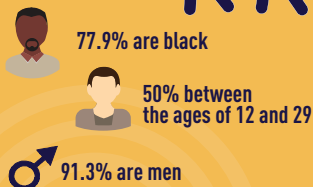


Source: The World Bank (<https://data.worldbank.org/>)

47 503 homicides in 2021

Brazil is home to 2.7% of the world's population and 20.4% of homicides

The victims are:



Intentional violent deaths

Rate of 22.3% per 100 000 inhabitants

76% with firearms

Police fatalities

6 145 deaths in police interventions



43 171 victims between 2013 and 2021

84% are black

Incarcerated population

820 689 people

Prison population: 1 560

Capacity: 634 469



(1990–2023) and *iii.* secondary data from social science studies on the subject of drugs and crack cocaine, the latter having flourished in Brazil in recent years. On the other hand, they are based on a comparison of the author's ethnographic experiences in scenes of drug use and in Brazilian facilities for the care of people in situations of addiction, i.e. in the public services of the Psychosocial Care Networks (n=9) and in religiously orientated therapeutic communities (n=15).

In parallel with the observation of the respective empirical contexts, semi-directive interviews and informal exchanges were conducted with users and professionals from the health and social care sector. These studies, which here fit into our panoramic narrative, took place in particular in the metropolitan areas of São Paulo (2008–2018), Rio de Janeiro (2013–2018) and Recife (2014–2016), while drawing heavily on counterpart work carried out in other cities in the country.

Source: Fórum Brasileiro de Segurança Pública (2022), available on : <https://forumseguranca.org.br/wp-content/uploads/2022/06/anuario-2022-infografico.pdf>

Conclusion

Brazil and its criminal networks have gradually established themselves as major players in the cocaine supply chain thanks to their strategic position in South America, between the main producers' countries of this psychostimulant and their international consumers markets. The country is heavily supplied with cocaine by flows that pass through it, and at the same time a domestic market has emerged, partly focused on the supply of crack cocaine. Particularly visible from the 2000s onwards, this cocaine derivative has been the focus of considerable political and media attention, centred on open scenes and the most vulnerable groups of consumers. Far from a consensus on how to treat users, the political and therapeutic proposals put forward have been governed by the political environment and the economic situation. After reaching the top of the political agenda during the first term of the Rousseff government, the issue of crack cocaine disappeared from the national spotlight, without any noticeable positive change having taken place in the landscape of drug use and trafficking in the various regions and urban criminal areas.

The institutional and socio-economic shifts that affected Brazil from 2016 onwards, with the arrival of the far-right in power, caused the debate in favour of a more progressive drug policy to recede before disappearing, against a backdrop of the Covid-19 pandemic. However, Lula's re-election in 2022 seemed to mark a new turning point in this socio-historical context. As soon as it was sworn in, the government held hearings with representatives and partners of the Brazilian Platform on Drug Policy, a network with a strong commitment to citizen engagement and reform in the field. Similarly, the new national secretary for human rights visited *Cracolândia*, accompanied by associations involved in harm reduction and in the anti-racist movement. This panorama suggests not only the return of the issue of drugs and crack cocaine to the federal government's agenda, but also the political recomposition in the field of the key players in this area, two major challenges that Lula will have to face in the context of a divided country undergoing numerous economic and social upheavals.

Bibliography

Links accessible on 05/06/2023

- Arias E.D., Grisaffi T. (Dir.) (2021) *Cocaine: From coca fields to the streets*. Durham, Duke University Press, 376 p.
- Bastos F., Bertoni N. (2014) *Pesquisa Nacional sobre o uso de crack – Quem são os usuários de crack e/ou similares do Brasil? Quantos são nas capitais brasileiras?* Rio de Janeiro, Fundação Oswaldo Cruz, Instituto de Comunicação e Informação Científica e Tecnológica em Saúde, 228 p.
- CdE (2021) *Covid-19 e tráfico de drogas no Brasil : a adaptação do crime organizado e a atuação das forças policiais na pandemia*. Brasília, Centro de Excelência para a Redução da Oferta de Drogas Ilícitas (CdE), 124 p.
- CNS (2009) Ministério da Saúde lança campanha nacional sobre o crack. Brasília, Conselho Nacional de Saúde.
- Confederação Nacional de Municípios (2014) *Crack, é possível vencer*. *Estudos Técnicos*, Vol. 7, p. 130–151.
- Cots Fernández A., Voltolini Uwai A.L.S., Rubio Gonçalves J., Di Monteiro K., de Castro Comis M.A. (2022) Policing, covid-19 and people who use drugs: Surviving the police in Cracolândia. Sao Paulo, International Drug Policy Consortium; E de Lei Coexistence Centre, 13 p.
- Daudelin J., Rattou J.L. (2017) Mercados de drogas, guerra e paz no Recife. *Tempo Social*, Vol. 29, n° 2, p. 115-134.
- Dedecca C. (2001) Les années 1990 : stabilité et inégalité de la société brésilienne. *Revue Tiers Monde*, Vol. 42, n° 167 (Tensions Brésiliennes), p. 577-596.
- EMCDDA, Europol (2023) EU Drug Market: Cocaine. Lisbon, European monitoring centre for drugs and drug addiction.
- Feltran G. (2020) *The entangled city: Crime as urban fabric in São Paulo*. Manchester, Manchester University Press, 288 p.
- Feltran G., Lero C., Cipriani M., Maldonado J., Rodrigues F.d.J., Silva L.E.L., Farias N. (2022) Variações nas taxas de homicídios no Brasil: Uma explicação centrada nos conflitos faccionais. *Dilemas: Revista de Estudos de Conflito e Controle Social*, Vol. 15, n° Especial 4, p. 311-348.
- FIOCRUZ (2017) 3rd National survey on drug use by the Brazilian population. Fundação Oswaldo Cruz, Instituto de Comunicação e Informação Científica e Tecnológica em Saúde, coll. ICICT Relatórios de Pesquisa, 528 p.
- Ipea (2017) Perfil das comunidades terapêuticas brasileiras. Brasília, Instituto de Pesquisa Econômica Aplicada, coll. Diretoria de Estudos e Políticas do Estado, das Instituições e da Democracia, 50 p.
- Ipea (2021) Análise das Políticas Públicas sobre Drogas no Orçamento Federal (2005-2019). Brasília, Instituto de Pesquisa Econômica Aplicada, 80 p.
- Labrousse A. (2003) *Dictionnaire géopolitique des drogues. La drogue dans 134 pays : productions, trafics, conflits, usages*. Bruxelles, De Boeck, 745 p.
- Mattos M.J.d.S. (2017) Crack e políticas públicas : análise sobre a formação da agenda do programa "Crack, é possível vencer". *Planejamento e Políticas Públicas*, n° 49, p. 195-230.
- Rui T. (2014) Nas tramas do crack: Etnografia da abjeção. Editora Terceiro Nome, coll. Antropologia hoje, 467 p.
- Rui T., Fiore M., Tófoli L. (2016) Pesquisa preliminar de avaliação do Programa 'De Braços Abertos'. São Paulo, Plataforma Brasileira de Política de Drogas (PBPd), Instituto Brasileiro de Ciências Criminais (IBCCRIM), 122 p.
- Rui T., Fiore M. (Dir.) (2021) Therapeutic communities in Brazil. Brooklyn, Social Science Research Council, coll. Working Paper Series, 179 p.
- SAPS (2022) Dados da Rede de Atenção Psicossocial (RAPS) no Sistema Único de Saúde. Brasília, Secretaria de Atenção Primária de Saúde, Ministério da Saúde, 28 p.
- Souza J. (2016) Crack e exclusão social. Brasília, Ministério da Justiça e Cidadania, Secretaria Nacional de Política sobre Drogas, 360 p.
- Uchôa M.A. (1996) *Crack: o caminho das pedras*. São Paulo, SP, Editora Atica, 246 p.
- UNODC (2021) Cocaine: A spectrum of products. Vienna, United Nations Office on Drugs and Crime, coll. Cocaine Insights 2, 52 p.
- UNODC (2022) World drug report 2022. Booklet 4—Drug market trends of cocaine, amphetamine-type stimulants and new psychoactive substances. New York, United Nations, 111 p.
- UNODC (2023) Global report on cocaine 2023: Local dynamics, global challenges. Vienna, United Nations Office on Drugs and Crime, 184 p.

Acknowledgement

Sarah Demichel-Basnier, Deborah Fromm and Vassili Rivron.

Ours

Drugs, international challenges

Director of publication: Julien Morel d'Arleux / Editor in chief: Ivana Obradovic
 Coordination: Michel Gandilhon / Editorial Committee: Pierre-Arnaud Chouvy (CNRS Prodig), François-Xavier Dudouet (CNRS Irisso), Laurent Laniel (EMCDDA), Frank Zobel (Addiction Suisse)
 Documentation: Isabelle Michot / Graphic designer: Frédérique Million
 Translation in English supervised by Anne de l'Épervier

ISSN : 2781-1433 / Photos copyrights : © Polifoto (Adobe Stock)



69 rue de Varenne 75007 Paris - France
 Tél. : +33 1 41 62 77 16
 e-mail : ofdt@ofdt.fr

www.ofdt.fr