

DOI: <http://dx.doi.org/10.18817/ot.v14i24.606>**"PROGRAMA DE BRAÇOS ABERTOS" E AS POLÍTICAS DE DROGAS NA SOCIEDADE DE CONTROLE: um diálogo histórico-anropológico¹****"THE BRAÇOS ABERTOS PROGRAM" AND DRUGS POLITICS AT THE CONTROL SOCIETY": a historical-anthropological dialogue.****"PROGRAMA DE BRAZOS ABIERTOS" Y LAS POLÍTICAS DE DROGAS EN LA SOCIEDAD DE CONTROL: un diálogo histórico-anropológico****"LE PROGRAMME À BRAS OUVERTS" ET LES POLITIQUES DE DROGUES DANS LA SOCIÉTÉ DE CONTRÔLE: un dialogue historico-anthropologique**

BEATRIZ BRANDÃO

Doutora em ciências sociais pela PUC Rio. Professora do IFCS UFRJ.
Rio de Janeiro, RJ, Brasil.
bia.brandao18@hotmail.com

JONATAS CARVALHO

Mestre em História (UERJ/PPGH).
Petrópolis, RJ, Brasil.
histosofia@gmail.com

Resumo: O presente artigo tem por objetivo compreender alguns caminhos percorridos no contexto da política de drogas dentro de uma sociedade do controle, apresentando e problematizando esses dois conceitos. Para tal, foi analisado um programa político que foge das correntes definições e práticas encontradas até então: o Programa de Braços Abertos (DBA) implementado na gestão de Fernando Haddad, entre os anos de 2014 e 2016, na região da Cracolândia, em São Paulo. A região é reconhecida pelas intervenções políticas com a prática higienista e compulsória, que vão de encontro às liberdades individuais. A fim de compreender a nova visão e ação trazida pelo DBA frente a uma repetição histórica de gerências e operações, houve uma reflexão sobre a biopolítica, a atuação dos programas pastores e o lugar do DBA dentro do conjunto de tecnologias do dispositivo droga. Nesse tocante, outro objetivo desenvolvido foi situar as novas ordenações dos modelos de tratamento, como a Redução de Danos e as Comunidades Terapêuticas.

Palavras-chave: Política de Drogas. Programas Pastores. Redução de Danos. Comunidades Terapêuticas. Cracolândia. De Braços Abertos.

Abstract: The purpose of this article is to comprehend some of the directions taken in the context of drug policy within a control society, presenting and problematizing these two concepts. For that, a political program was analyzed that is distinct from the current definitions and practices found until now. The program to be analyzed is the "Programa de Braços Abertos (DBA)", which was implemented under the management of Fernando Haddad, between 2014 and 2016, in the region of "Cracolândia", in São Paulo. This region is recognized by the political interventions with the hygienist and compulsory practices that go against individual freedoms. In order to understand the new vision and action brought by the DBA against a historical repetition of managements and operations, there was a reflection on biopolitics, the work of pastoral programs and the place of DBA within the set of

¹ Artigo submetido à avaliação em junho de 2017 e aprovado para publicação em novembro de 2017.

drug device technologies. At this point, another objective developed was to establish the new ordinances of treatment models, such as Harm Reduction and Therapeutic Communities.

Keywords: Drug Policy. Pastoral Programs. Harm Reduction. Therapeutic Communities. Cracolândia. De Braços Abertos.

Resumen: El presente artículo tiene por objetivo comprender algunos caminos recorridos en el contexto de la política de drogas dentro de una sociedad del control, presentando y problematizando esos dos conceptos. Para ello, se analizó un programa político que huye de las corrientes definiciones y prácticas encontradas hasta entonces: el Programa de Brazos Abiertos (DBA) implementado en la gestión de Fernando Haddad, entre los años 2014 y 2016, en la región de *Cracolândia*, en São Paulo. La región es reconocida por las intervenciones políticas con la práctica higienista y obligatoria, que van en contra de las libertades individuales. A fin de comprender la nueva visión y acción traída por el DBA frente a una repetición histórica de gerencias y operaciones, hubo una reflexión sobre la biopolítica, la actuación de los programas pastores y el lugar del DBA dentro del conjunto de tecnologías del dispositivo droga. En este contexto, otro objetivo desarrollado fue situar las nuevas ordenaciones de los modelos de tratamiento, como la Reducción de Daños y las Comunidades Terapéuticas.

Palabras clave: Política de Drogas. Programas Pastores. Reducción de Daños. Comunidades Terapéuticas. Cracolândia. De Brazos Abertos.

Résumé: Cet article vise à étudier quelques cheminements empruntés par la politique des drogues dans le contexte d'une société de contrôle, tout en présentant et en problématisant ces deux concepts. Pour cela, les auteurs se concentrent sur un programme politique qui échappe aux définitions courantes et aux pratiques identifiées jusqu'à présent: le programme « À Bras Ouverts (DBA) » implanté au cours du mandat du préfet Fernando Haddad, entre les années 2014 et 2016, dans la région de la *cracolândia*, à São Paulo. Cette région est réputée pour avoir fait l'objet d'interventions politiques inspirées par les pratiques hygiénistes, fondées sur la contrainte et qui vont à l'encontre des libertés individuelles. Afin de comprendre la nouvelle vision et les nouvelles pratiques promues par le DBA, par contraste avec la répétition des programmes et actions antérieurs, les auteurs réfléchissent sur les formes de la biopolitique, le rôle des « programmes pastoraux », et la place du DBA à l'intérieur d'un ensemble de technologies propres aux dispositifs de gouvernement des drogues. Un autre aspect de leur travail consiste à examiner les nouveaux impératifs contenus dans ces modèles de traitement comme la Réduction des Risques et les Communautés thérapeutiques.

Mots-clés: Politique des Drogues. Programmes Pastoraux. Réductions de Risques. Communautés thérapeutiques. Cracolândia. De Braços Abertos

Introduction

The just, subtle and powerful opium! Thou who the heart of the poor as much as to the rich, to the wounds that will never heal, and to the anguishes that induce the spirit of rebellion, you bring a soothing balm; eloquent opium! You, by your powerful rhetoric, disarm the resolutions of anger and, for one night, gives back to the guilty man the hopes of his youth and his old hands soiled with blood; that, to the proud man, gives a passing oblivion of unredeemed errors and unavenged insults; [...]"²

The paths covered in these lines were gradually unraveled to their authors. Initially, we intended to compare public policy proposals on drugs in São Paulo in the

² BAUDELAIRE, Charles. *Paraísos artificiais*. Porto Alegre: L&PM, 2011. p. 69.

governments of the PSDB and PT, more precisely, the Braços Abertos program (DBA), implemented through the management of Fernando Haddad, and the program Recomeço, elaborated during the management of Geraldo Alckmin. It so happens that our readings of government actions, especially those in the area of public security, have given us a much more complex scenario, so a comparative analysis between two programs could result in some reductionism.

The first element we detect is that the national drug policy has undergone a recrudescence in these thirty-two years of democracy in Brazil, especially in the neoliberal governments that have been installed since 1990. An important normative framework of this debate is Law 11.343, of August 23, 2006, promulgated in the management of President Lula, whose minister of justice at the time was Márcio Thomaz Bastos. We have thus apparently witnessed the coexistence of two states, a penal state characterized by the heightened penalties for drug trafficking and a therapeutic state that has expanded its networks of attention involving public and private partnerships.

In the context of penalties, we find that if, on the one hand, the drug law of 2006 has drastically reduced prisons of user typification, on the other hand, there has been a substantial increase in prisons for drug trafficking. We question the case law of this classification since we detect that in almost 50% of the seizures that resulted in arrests, in this case, they were carried out with less than 10 grams of a prohibited substance.

At the other end of this neoliberal state, we analyze the existence of public policies on drugs, government programs that we call here pastoral programs. We understand that such programs function as technologies of a control society.³ What should be controlled? The population. This has been duly configured and typified in such a way that it is easier to conduct it separately, above all, it is necessary to isolate the laborious classes from those dangerous ones. But it is no longer a matter of placing the unwanted in asylums, sanatoriums, and prisons, for now, power is not only disciplinary, it is a matter of conducting itself.

We use the terminology "pastoral programs", which we borrow from Acácio Augusto.⁴ We understand by pastoral programs the policies, techniques, ways of governing the conscience, a laicized pastoral power. No longer the pastoral power of Christian asceticism, where renunciation of self was the great goal to be achieved. Much less do we seek the docility of bodies, what matters is self-government, the possibility for human beings

³ DELEUZE, Gilles. *Conversações: sobre sociedades de controle*. Rio de Janeiro: Editora 34, 1992.

⁴ AUGUSTO, Acácio. Política e polícia. In: VEIGA-NETO, Alfredo; CASTELO BRANCO, Guilherme (Org.). Foucault: filosofia e política. Belo Horizonte: Autêntica Editora, 2011.

to make something of themselves as beings of free activity, to unleash and to integrate processes of assemblages, on which they themselves are the agents.⁵

With regard to this article, we aim to analyze the scenario and spaces of use in dialogue with the intervention models and, later, treatment. For the discussion, the chosen region was Cracolândia⁶, a target of many hygienist projects and also of great political and media repercussion. The flow, as it is also called the Cracolândia, was established as an “urban aporia”⁷, as a problem in itself, an insoluble situation. It rises as a place that since its emergence poses itself as a political, social, management and paradigmatic challenge.

As indicated, it should be noted, however, a certain difference of government projects regarding the ways of intervening, it seems clear to us the contrasting perspectives in the PSDB and PT managements in São Paulo, for example. Therefore, in view of the many options for analyzing interventions in the area, we seek to establish a historical-anthropological dialogue of these conductive policies of repression, which seem to follow the same “booklet” of referrals and forms of action, until the analysis of the Braços Abertos program, which indicated a new form of understanding of performance, more linked to conduction than the prohibition and interruption of life processes. When dialoguing with the bases of Damage Reduction (RD), the program tried to break with the previous connections with Therapeutic Communities (CTs), the logic of urban cleaning and hospitalization, even if compulsory. In addition, we will also try - although briefly - to verify the place that the CTs occupy in all this scene and debate. Before this, however, it is necessary to verify under what bases these models were constituted.

Drug Policy: Redemocratization and Recrudescence in the Criminal State

Drugs have become one of the most serious problems in Brazil. Crack, the most dangerous drug today, has broken the geographical and social limits, has invaded the interior of the country. In this way, this topic should have a more comprehensive

⁵ SARDINHA, Diogo. Um silêncio de Foucault sobre o que é a política. In: VEIGA-NETO, Alfredo, CASTELO BRANCO, Guilherme (Orgs). Foucault: filosofia e política. Belo Horizonte: Autêntica Editora, 2011.

⁶ On the terminology Cracolândia, we herein use it with due reserve, since its indiscriminate use ends up concealing a reality that is not of the “crack city”. We understand, just like Henrique Figueiredo Carneiro, that Cracolândia is a social hyper reality. In the same way we adopt the concept of urban aporia. FIGUEIREDO CARNEIRO, H. Cracolândia: hiper-realidade social, droga e igualdade. *Polêmica*, v. 11, n. 3, ago. 2012. Disponível em:

<<http://www.e-publicacoes.uerj.br/index.php/polemica/article/view/3728/2610>> Acesso em: 19 set. 2017.

⁷ FROMM, Deborah. *O “fim da Cracolândia”*: etnografia de uma aporia urbana. 2017. Dissertation (Master’s – Social Anthropology) - Universidade Estadual de Campinas, Instituto de Filosofia e Ciências Humanas, Campinas, 2017.

approach, integrating public health policies, public safety, and social assistance, among several others.⁸

We can say that the history of drug policy in Brazil has some defining frameworks for change. The first drug law in Brazil was sanctioned by President Epitácio Pessoa, Decree No. 4,294, July 6, 1921, would be considered the initial framework. On it, in "elegant social vices", doctors Adauto Botelho and Pernambuco Filho wrote in 1924 that it was a great step for the country in "prophylaxis of drugs." We can mention two other milestones, one in 1938 through Decree No. 891 elaborated by the First National Commission of Narcotics Surveillance (CNFE), in the New State of Getúlio Vargas, the other was Law no. 6,368, dated October 21, 1976, at the times of AI5. In 1980, years before the re-democratization, the National System of Prevention, Surveillance, and Repression of Narcotics was instituted, signed by then-minister of justice Ibrahim Abi-Ackel, whose predecessor was General Golbery do Couto e Silva. It is necessary to say that such milestones define the increase of the repression, penalties and confinement of drug users.

The regulatory convention that marks the evolution of the war on drugs, consisting of laws that were "improved" in the decades of States of Exception (New State 1937-1945 and Military Dictatorships 1964-1985), did not reduce its repressive character in the following democratic governments. The Brazilian neoliberal state begins with Collor de Mello and Itamar Franco but consolidates itself in the so-called FHC era (1995-2002), and so it follows in the governments of PT (Lula 2003-2007/2008-2011 - Dilma 2012-2015/2016). Although we must highlight the differences in the projects (PSDB-PT), in the latter case, some authors prefer to call it a social-liberalism State. In any case, it was precisely between 1990 and 2014 that what Taiguara Libano⁹ called "The Age of the Great Incarceration" took place. The Brazilian prison population in 1990 was 90 thousand and reached 607 thousand in 2014, an increase of 575%, data that allow us to denominate the Brazilian liberal State a penal State.

In this scenario of great incarceration, the war on drugs stands out as the protagonist and Brazil has become one of the most important stages of this macabre spectacle. The country that currently has the fourth largest prison population in the world, only behind the US, China, and Russia, according to a study by the Ministry of Justice may already, in

⁸ Government plan of presidential candidate Aécio Neves in 2014.

⁹ SOUZA, Taiguara Libano Soares e; DORNELLES, João Ricardo Wanderley. A era do grande encarceramento: tortura, superpopulação prisional no Rio de Janeiro. 2015. 375 f. Thesis (PhD in Law) - Pontifícia Universidade Católica do Rio de Janeiro, Rio de Janeiro, 2015.

2018, rise to the third position, since Russia has shown reduced imprisonment in the last years.¹⁰ To find the reasons why the Brazilian prison population is so large, it would be necessary to consider the latest law on drugs (11,343/ 2006) as a fundamental element in this process. The number of arrests for drug trafficking increased substantially in the country, as published in a story by G1/SP on 03/02/2017, whose headline revealed: "One in three prisoners in the country is responsible for drug trafficking", which brought updated data from the justice department. According to the report, in 2006 there were 31,520 prisoners accused of drug trafficking in Brazil, corresponding to 8.7% of the prison population. In March 2017 the number of prisoners for such crime reached 182,799, equivalent to 32.6% of the prison population, an increase of 480%.¹¹

On the other hand, in the same period, there is a reduction in sentences for drug use; the volume of incriminations in this category has fallen precipitously since 2006. In drug-related prisons, drug use typification has reached 60% and 50%, against 50% and 40% of the trafficking typification. At the end of 2009, however, this difference is reversed to 12.5% and 87.5%.¹² Before celebrating the brutal fall of drug use arrests, before commemorating the advancement of the law that decriminalized the user, we should note a more worrying indicator: the increase in criminal actions for illegal drug trade containing small amounts of drugs has also skyrocketed. In a study carried out in two detention houses in São Paulo, Marcelo da Silveira Campos analyzed the process of 1,063 prisoners who were arrested for trafficking; of these, in 264 cases there was no information about the amount seized, and of the remaining 799 people, 405 (50.7%), were convicted of carrying up to 7 grams of some type of drug.¹³

The Age of the Great Incarceration, as far as the war on drugs is concerned, is not, however, exclusively repressive. If the production of laws and norms aiming at the criminal

¹⁰ BRASIL, Ministério da Justiça. Departamento Penitenciário Nacional/ Levantamento Nacional de Informações Penitenciárias – INFOPEN – Dezembro de 2014.p18.

¹¹ See: <http://g1.globo.com/politica/noticia/um-em-cada-tres-presos-do-pais-responde-por-traffic-de-drogas.ghml>.

¹² COSTA, Thiago Godoi Calil da. Condições do lugar: relações entre saúde e ambiente para pessoas que usam crack no bairro da Luz, especificamente na região denominada cracolândia. 2015. Dissertation (Masters in Environment, Health and Sustainability) - Faculdade de Saúde Pública, Universidade de São Paulo, São Paulo, 2015. Disponível em: <<http://www.teses.usp.br/teses/disponiveis/6/6139/tde-30112015-110523/>>. Access in: August, 19, 2017.

¹³ CAMPOS, M. S. Pela metade: as principais implicações da nova lei de drogas no sistema de justiça criminal em São Paulo. 2015. Thesis (PhD in Sociology) - Departamento de Sociologia da Faculdade de Filosofia, Letras e Ciências Humanas, Universidade de São Paulo, São Paulo, 2015.

resurgence on drugs grew sharply since 1990, there are also significant legal advances aimed at improving attention to drug users. According to Marcelo Campos,

[...] The criminal and public security policy in Brazil is in a dispute in which coexist laws that criminalize new conduits, laws that intensify punishment in relation to an earlier reference, and laws that decriminalize conduct or seek to realize fundamental rights and guarantees of the defendants.¹⁴

In another perspective, such a dispute does not exist, the apparent paradox is only the other side of the set of biopolitical techniques¹⁵ or even its coexistence with "sovereign power." The device of biopolitics is, in this sense, a technology of power that intervenes in the threats to life, in the risks to morbidity through the deepening of the knowledge of governing the living for the sake of life. Thus, it focuses on the population, by scrutinizing it, segmenting it, classifying it into types and subtypes, so that it is more efficient and effective to govern it. The technology of biopolitics, which regulates life, operates concomitantly with the disciplining technology, even if, according to Foucault, these have a certain chronological lag. They are superposed, but not excluding, on the contrary.

A technique that is therefore disciplinary: is centered on the body, produces individualizing effects, and manipulates the body as the focus of forces that must be made useful and docile at the same time. Conversely, we have a technology that, in turn, is centered not on the body, but on life; a technology that groups the effects of masses of a population that seeks to control the series of fortuitous events that can occur in a living mass.¹⁶

Thus, to isolate certain individuals or groups, to restrict their freedoms means to remove from society any elements that could harm the population. Biopolitics acts by global equilibrium, a kind of homeostasis of the social organism, whereas discipline requires the docilization of bodies. Here it is necessary to transcend prison, there are also hospices, orphanages, asylums, treatment clinics, socio-educational institutions, therapeutic

¹⁴ *Ibid.*, p. 93.

¹⁵ Biopolitics contrasts with traditional power models based on death threats. It represents an "enormous social medicine" which is applied to the population with the goal of controlling life: life is part of the field of power. The medicalized thinking uses correction means that are not punishing means, but transformation means for individuals, and an entire technology of human behavior is linked to them. It allows to apply into society a distinction between normal and pathological, and impose a normalization system of behaviors and existences, of work and affection. The disciplines, the normalization of power through social medicalization, the emergence of a series of biopowers and the apparition of behavioral technologies constitute, thus, a configuration of power that, according to Foucault, ours still is. REVEL, J. Michael Foucault conceitos essenciais. São Paulo: Claraluz, 2005.

¹⁶ FOUCAULT, Michel. *Em defesa da sociedade*. São Paulo: Martins Fontes, 2005 .

communities, that is, individualizing spaces, constituents of subjectivities. What Acácio Augusto¹⁷ called the pastor-police institutions, whose objective is the government of the conduits.

Control society and pastoral programs

Neoliberalism, however, has another facet: the theory of human capital. In thinking about the idea of human capital, Foucault¹⁸ problematizes the role of labor in economic theses, initially stating that classical political economy, based on Adam Smith and David Ricardo, considered that all production of goods depended on three factors: land, capital, and labor. Work, however, has never been the subject of analysis by these economists until Marx raised its importance in capitalist modes of production: the worker sells his labor power. Neoliberalism, then, tried to insert work in the field of economic analysis, opposing Marx, work in the neoliberal analysis is not a commodity, and the worker is part of the capitalist system, not alienated to it. Income (wages) results from the set of attributes and competencies (capital) of the (human) worker. The aptitude of the worker is a machine, a machine that cannot be separated from the man himself; in this sense, man is the capital of himself.

What, then, is done with this human capital, with that *homo oeconomicus*? It invests in its improvement, it improves it through a set of technologies, and human capital must not only be improved but also conserved and used for a longer time. All intelligibility will be destined to forge this *homo oeconomicus*, it is the interface between the government and the individual. It becomes vital to invest in education and health, investments that are widely calculated since the first weeks of birth. The *laissez-faire*, this let it be of liberalism, which until then was the forum of the government, undergoes an inversion in neoliberalism; it is the market that will measure government action, letting it be is an economic prerogative.¹⁹

With the law it is no different, the whole effort of the law is an economic calculation, that is, an economy of illegality, in this way, an efficient criminal policy is one that does not aim to extinguish a certain crime, but to find a balance between supply and negative demand. Government action seeks to intervene in the reduction of negative demand through a series of strategies, such as intensified vigilance or hardening of sentences, which cause a potential criminal to weigh on his or her actions. The role of the actions of the

¹⁷ AUGUSTO, op. cit.

¹⁸ FOUCAULT, Michel. *Nascimento da biopolítica*. São Paulo: Martins Fontes, 2008.

¹⁹ FOUCAULT. *Nascimento...* op. cit., p. 339.

assistance programs, especially those developed in the "risk areas", generate in their inhabitant's reflections on the advantages of obeying the laws of the State. Acácio Augusto,²⁰ moving between Foucault and Deleuze, warns that programs of vocational training, income supplementation, housing and recreational equipment, are only intended to intervene in the rules of economic gambling, reducing negative demand, they are "pastoral programs".

It is, therefore, no more a project of normalization of the biological individual, but an investment in the environment in which it lives as a means of producing obedience by rational economic calculation of cost and benefit.²¹

In pastoral programs, a pastor has replaced the priest. There is no longer the mass-individual binomial, the masses have become samples, the individual, who in the disciplinary society was inserted in a relationship of obedience, is now divisible, a dividual: "inhabitant of a plethora of programs and databases".²² Pastoral programs are technologies of the controlling society, they are beyond prison buildings, and in the controlling society the binomial utility-participation has surpassed the utility-docility of the disciplinary society.²³ The then closed prison widens, adjusts to undulating and continuous flows, thus combating the tiniest infractions, through alternative penalties, small-claims courts, and socio-educational measures.²⁴

The control devices overcame the safety devices of disciplinary societies, because the factory gave way to the company, while the former maintained a strong bond with the locality, the latter is floated in cyberspace. In the world of human capital, work is immaterial, intangible; indicators of goal visibility replace the chronometer.²⁵ Institutions are open and unfinished in control societies, set themselves apart from prisons, asylums and other areas of exclusion, control operates in the social environment. In this sense, the peripheries are real "concentration camps in the open", but not of the German Nazis, but of the Soviet gulags, whose differences are debated by Edson Passetti,

Soviet concentration camps went beyond school in the Nazi concentration camps. In these there was hope among the Jews for the sudden end of the war, through a possible international commotion, for a miraculous uprising. Then, the most experienced, artists and teachers, taught culture, they literated, they introduced notions of art, they spoke of the free world, within the limits of a prolonged daily

²⁰ AUGUSTO, op. cit.

²¹ FOUCAULT. *Nascimento...* op. cit, p. 26.

²² Ibid, p. 30.

²³ PASSETTI, Edson. Sociedade de controle e abolição da punição. *Perspectivas*, São Paulo, v. 13, n. 3, jul./set. 1999.

²⁴ Id. Governamentalidades e violências. *Currículo sem Fronteiras*, v.11, n.1, p. 42-53, jan./jun. 2011.

²⁵ VEIGA-NETO, Alfredo. Governamentalidades, neoliberalismo e educação. In: VEIGA-NETO, Alfredo; CASTELO BRANCO, Guilherme (Org.). Foucault: filosofia e política. Belo Horizonte: Autêntica Editora, 2011.

life under the sign of fear elevated to the category of the macabre. In the Soviet case, the school taught literacy and life restricted to the concentration camp, aimed at producing passively in its interior, under a profile of normality, the continuity of the delinquent, his life imprisonment. In them, under this state of affairs, each one was between the condition of the survivor and the irremediable inhabitant of the camp. In the first case, death was near, immediate; in the second, biological death distanced itself from daily mortification; if in the Nazi concentration camp there was hope of freedom, in the Soviet there was institutionalized resignation to stay alive inside there.²⁶

The survivors, these irremediable inhabitants of the peripheries that surround the great centers, live the institutionalized resignation. A larger portion, subject to the constraints of human capital, invests in itself, leads to the improvement of living conditions, and is organized and policed. Participatory utility emerges amid a series of strategies, where the survivor himself is also an agent of change, NGOs, OSCIPs, cooperatives, public-private partnerships, neighborhood associations, they all manage misery.

If, as indicated above, neoliberalism in Brazil (or this social-liberalism) systematically extended the processes of incarceration, especially in relation to those related to drug trafficking, on the other hand, there is also the expansion of pastoral programs focused on flow control. For a long time, the most certain fate for those who made problematic use of psychoactive substances were the psychiatric hospital or a recovery center: both technologies of a disciplinary society. The individual was withdrawn from the social life and the treatment was about his errant conduct, he would only return to society after being properly disciplined. After the second half of the twentieth century, anti-asylum movements emerged in the country, calling for a debate on the restructuring of psychiatric care. Several conferences (National Conference 1986-1987 - 1992) thus promoted the so-called psychiatric reform.²⁷ From this point onwards, we can verify the configuration of a system that operates in networks connecting public services with civil initiatives.

An important device²⁸ of this network is the CAPS (Psychosocial Care Center), created in 1998. In the year of its creation it had 148 units scattered in the country, in 2014 reached the number of 2,209 units; on the other hand, the CAPSad (ad = alcohol and drugs),

²⁶ PASSETTI. *Governamentalidades...* op. cit., p. 46.

²⁷ HIRDES, Alice. A reforma psiquiátrica no Brasil: uma (re) visão. *Ciênc. saúde coletiva* [online]. 2009, v.14, n. 1, p. 297-305. Available in: <http://www.scielo.br/scielo.php?pid=S1413-81232009000100036&script=sci_abstract&tlng=pt>. Access in: September 20 2017.

²⁸ The term appears in an official document of the Ministry of Health, CAPS is treated in the document as a device, an equipment that is part of a network. We herein use such term as it was defined by Michel Foucault: a set decidedly heterogeneous that englobes rethorics, institutions, architectural organizations, regulamentary decisions, laws, administrative measures, scientific enunciates, philosophical propositions, morals, philanthropic. In short, what is said and not said are the elements of the device. The device is the network that can be weaved between these elements. See: FOUCAULT, M. *Microfísica do poder*. Org. Roberto Machado. Rio de Janeiro: Graal, 1996. p. 244-245.

created in 2006, reached 309 units, and in addition to these there are other 69 CAPSad III²⁹, an apparatus equipped with resources to handle cases of greater complexity. Much of CAPSad III was created after the program Crack é Possível Vencer (It is Possible to Win Against Crack), a program launched in 2013 by the federal government in the management of Dilma Rousseff. This network comprises a number of other devices involving areas such as social work, CRAS (Social Assistance Reference Center), self-help groups and therapeutic communities.

The public of the CAPSad is very mixed, ranging from individuals referred by social services from other public bodies (municipal shelters, tutelary council, hospitals, justice) to street men and women, adolescents "in conflict with the law." Much of the public in these services already conveys with them significant losses in their lives, a smaller part still "balances" their uses, works, is married, takes care of the children, that is, has a functional life. This public has no obligations, a multidisciplinary team elaborates a personalized "therapeutic program", but it is up to the subject to follow it or not, the responsibility for the treatment is always the user's own. CAPSad membership is low, in some cases reaching 30%.³⁰ Treatment disruptions, considered in some assessments of "predictive factors" for neglect, are motivated by "problems with the law, poor social coping ability, family history of mental disorder, and associated alcohol dependence disorder."³¹

Treatment in such settings is still a problem for the work teams themselves, if the statute of medical knowledge about the individual/drug relationship changed after psychiatric reform, such statute is not yet fully reflected in practice. It is noted a certain ambivalence about the most appropriate procedures, as in the case below reported in the fieldwork of Frederico Policarpo,

These guys are terrible. They keep playing us with our mistakes everytime. I have been increasingly rigorous with this habit of them of hanging out of my workshop. I am not letting them do it anymore. Damn, there were times when I was playing the guitar with ten, twelve people and I would look at their faces and everyone was high. Guys kept coming and going all the time. They go out on the streets, smoke

²⁹ BRASIL. Ministério da Saúde. SAS/DAPES. Coordenação Geral de Saúde Mental, Álcool e Outras Drogas. Saúde mental em dados – 12. Informativo eletrônico, Brasília, ano 10, n. 12, out. 2015. Available in: < http://www.mhinnovation.net/sites/default/files/downloads/innovation/reports/Report_12-edicao-do-Saude-Mental-em-Dados.pdf> Access in: September 22 2017.

³⁰ POLICARPO, Frederico. O consumo de drogas e seus controles: uma perspectiva comparada entre as cidades do Rio de Janeiro, Brasil, e de San Francisco, EUA. 2013. 207 f. Thesis (PhD in Anthropology) – Programa de Pós-Graduação em Antropologia, Instituto de Filosofia e Ciências Humanas, Universidade Federal Fluminense, Niterói, 2013.

³¹ XAVIER, Rosane T.; MONTEIRO, Janine K. Tratamento de pacientes usuários de crack no CAPs-ad. *Psic. Rev.*, São Paulo, v. 22, n. 1, p. 61-82, 2013.

one, blow themselves a little and then come back: 'hey, play some Raul, play Bob Marley!'. It is cruel to work like this. It gives you a huge sense of impotence.³²

If "relapse" is in this new form of medical knowledge a process of "recovery" and abstinence is not the first goal, but rather "Damage Reduction", the insistence on the conduct of continuous use, even if reduced, is perceived by itself as deviant behavior. The guilt that "sets in" is, in many cases, distressing and leads the individual to sabotage the treatment itself, abandoning it for weeks, months, sometimes years. The "deviant" behavior that produces the impotence sensation reported by the music therapist above is an indication that the conduct of self and others is a more complex process, since the one that conducts the other, does it aiming at a certain goal. This goal, however, requires the conduct of oneself, that is, the use of every resource invested in itself for this purpose: human capital. Thus, when the driven "deviates, the one who leads also becomes frustrated, in this way, we have a double frustration. That is the issue of the device, if it has sedimentation lines, it also has lines of cracking or fracture.³³

Let's look at another type of technology: self-help groups. Gathered on the ethos and inexorability of addiction, Narcotics Anonymous (NA) is part of this network, many of its members circulate through channels developed by pastoral programs, are referred or volunteer themselves after reading a poster or an NA folder in the facility where they are being cared for. Therapeutic communities, especially non-Pentecostal communities, insert their "residents" into the NA in their "after-treatment" programs. Currently in Brazil there are 1,592 groups of Narcotics Anonymous, 565 are in the State of São Paulo (35.5%), obtaining 1,752 weekly meetings.³⁴ It is a pastoral program without a pastor, a herd of exercising men, whose practice of asceticism is rigorous, caring for the greatest of responsibilities.³⁵ This is because addiction is considered by the brotherhood as a disease of a physical, psychic and spiritual nature, thus affecting the individual integrally, the addict is an allergic to drugs, an impotent person before his own addiction, this is therefore understood,

[...] as an 'innate change' to the addict's body; that exists independently of his will or his actions. It interferes in all planes of the existence of the individual, which

³² POLICARPO, op. cit., p.177

³³ DELEUZE, Gilles. *¿Que és un dispositivo?* In: Michel Foucault, filósofo. Barcelona: Gedisa, 1990. p. 155-161. Tradução de Wanderson Flor do Nascimento.

³⁴ See more in: <http://www.na.org.br/relatorio>. Access in: August 29 2017.

³⁵ MARÍN-DÍAZ, Dória Lilia. *Autoajuda educação e práticas de si: genealogia de uma antropotécnica contemporâneas*. 2012, 310 f. Thesis (PhD in Education) – Programa de Pós-Graduação em Educação, Faculdade de Educação, Universidade Federal do Rio Grande do Sul, Porto Alegre, 2012.

exempts him from the cause of the disease but makes him responsible for his treatment, following the same logic of someone affected by a congenital disease.³⁶

Self-help in the NA based on the axiom "just for today", "prayer of serenity" and "twelve steps", transcends the issue of heredity while harboring medical and religious discourse. "Recovery" or maintenance of sobriety is a process (going through abstinence) centered on moral-religious precepts (we are entirely willing to let God remove all these defects of character: Step 6), it also requires self-government, because the "control" of compulsion is only possible by caring for oneself. In the NA meetings the struggles against existential suffering are shared, sharing is therapeutic since "pain comes out through the mouth and health enters the ears", it is a care of itself that must be shared, the group has the role of preventing that the individual, in his solitude, reaches "the bottom of the pit".³⁷

Finally, composing this network of pastoral programs, although with very distinct characteristics, we have the Therapeutic Communities (CTs). In 2016, we characterized the CTs in order to understand the modes of subjectivation in this micro-space, based on the hypothesis that they have become an important element in the set of normative techniques of prohibitionism.³⁸ The CTs are inserted in the disciplinary field, more so those with a Pentecostal profile. In these environments, the individual is led to believe that his relationship with drugs is of a spiritual, demonic character so that he is stripped of all sinful thinking and practice to rid himself of vice. Since man alone does not have the strength for such a divestiture, he must surrender to the cross, that is, only by being reborn in Christ is it possible to overcome vice.

Treating CTs as a homogeneous institutional set, just like the programs cited above, is a huge mistake. If CAPS and NA have a standard program in their techniques, CTs are divided into almost uncountable numbers of distinct types. Only in this year, after decades of the existence of CTs operating in Brazil has a survey been constructed on the profile of those.³⁹ What can be said about the ways in which these institutions operate? That most of them work based on the tripod discipline-work-spirituality. Regarding spirituality, 82% are

³⁶ COSTA, Alcione, do Socorro A. *Narcóticos Anônimos (NA): a doença como plano de existência social*. 32º Encontro Anual AMPOCS; GT7: Corpo, biotecnologia e subjetividade. Seção I: álcool e drogas; consumo e controle de si. 2008. p. 21.

³⁷ *Ibid*, p. 25.

³⁸ BRANDÃO, Beatriz, CARVALHO, Jonatas. *Aqui não é uma comunidade terapêutica: entre a diversidade e a normatividade em tratamento com usuários de drogas*. *Revista Teias: drogas, medicalização e educação*, v. 17, n. 45, abr/jun. 2016.

³⁹ BRASIL. Ministério do Planejamento e Gestão. Instituto de Pesquisa Econômica Aplicada (IPEA). *Nota Técnica nº 21: perfil das comunidades terapêuticas*. mar. 2017. Available in: <http://www.ipea.gov.br/portal/images/stories/PDFs/nota_tecnica/20170418_nt21.pdf> Access in September 21 2017.

linked to churches or religious institutions, out of the 83,530 places offered in Brazil, 34,277 (39.7%) are Pentecostal, 21,461 (27.1%) Catholic and 15,908 (17, 8%) without spiritual guidance. Although the survey has pointed out that even the so-called "unguided" CTs foster spirituality, a belief in a higher power.

It is no coincidence, therefore, that the growth of CTs occurred in the same period in which the increase of the evangelical population in the country was notable: in 1991, evangelicals represented only 9% of the total Brazilian population, in 2010 they were already 22%, from 26.2 million in 2000 to 42.3 million in 2010.⁴⁰ With regard to therapeutic communities, there has been a vertiginous increase of these institutions in the last two decades. Between 1966 and 1995 there were around 408 CTs in the country, between 1996 and 2015, 1,542 were created, which means that almost 80% of all CTs in Brazil emerged after 1995. The Southeastern region harbors the largest volume of these institutions, with a total of 812 units, of which 420 are in São Paulo. Such growth has been projected in the vacuum of attention on the part of the State in the face of consumer demand.

The debate that puts CTs at the center of issues related to the attention of drug users is the subsidy through public resources. The creation of the Parliamentary Front in Defense of the Therapeutic Communities, constituted of senators and federal deputies and instituted by the request 1504/2015, presided by the federal deputy Eros Biondini (PTB), is an indication of the growth and the political power that the CTs have reached in recent years. The purpose of this organization, which is composed of parliamentarians who own, are associated or tied to CTs through their churches and who make this relationship a vital component of their political platforms, is to include CTs in the National Register of Health Institutions (CNES) of the Ministry of Health. In 2015, the Federal Public Prosecutor's Office changed the status of CTs from "support equipment" to "health equipment", which was fundamental for the publication of Ordinance No. 1482 of 2016, which includes them in CNES.

On the other side of the debate, there are many who oppose the insertion of CTs in health equipment, the Federal Council of Psychology (CFP) and the Federal Council of Social Service have expressed opposition to the regulation of Therapeutic Communities. According to the entities, the proposals of such establishments conflict with the normative principles of the Psychiatric Reform. The CTs have published a Repudiation Note to these entities, where they position themselves rebutting the CFN, claiming that the principles of Psychiatric

⁴⁰ Confer it here: <http://g1.globo.com/brasil/noticia/2012/06/numero-de-evangelicos-aumenta-61-em-10-anos-aponta-ibge.html>

Reform should not be treated as a dogma.⁴¹ At this point, we reach the center of the impasse. On the one hand, groups that are favorable to hospitalization and see it as an effective solution in the treatment of drug users, some of whom are adepts of compulsory hospitalization; on the other hand, those who understand that such projects go against individual freedoms, that they are hygienist policies and that, by throwing light on crack, for example, create a scapegoat whose function is to remove responsibility from the State for millions of people in a situation of vulnerability.

In the case of São Paulo, more specifically, programs such as "Recomeço" of the State Government and "Redenção" of the city of São Paulo, established agreements with CTs and NGOs that are committed to interventionist practices. In the document⁴² "Joint Evaluation of Psychiatric Hospitals of the Redenção Program", prepared in partnership with São Paulo Public Prosecutor's Office, COMUDA (Municipal Council for Drug and Alcohol Policies), the Public Defense, the CRP (Regional Council of Psychology), the CRSS (Regional Council of Social Services), CREMESP (Regional Council of Medicine) and COREN (Regional Nursing Council), a series of practices are considered by the respective bodies, some of which are repeated in the reports: insufficient staff numbers; absence of articulation between hospitals and the psychosocial network; absence of individual therapeutic design; idleness; little or no personal listening; reduced visit time. Perhaps the most significant item pointed out in the document is the repeated talk of the patients who said they had agreed to go to the Redenção hospital units because they believed they would receive housing and employment.

As we have seen so far, a number of technologies are employed in a kind of governmentality in which elements of the disciplinary society coexist with the control society. The modes of conducting others and themselves are elementary characteristics in the pastoral programs discussed above. From here, we will bring the case of the "De Braços Abertos" program of the management of Fernando Haddad as an example that allows a bridge of critical dialogue among the treatment options presented.

The Braços Abertos Program: between Damage Reduction and Therapeutic Communities

Zeze - I use it because it gives me pleasure. If everyone had the 'breeze' I have, crack would not be worth 10, it would cost 30 [...] Because my life is good, enthusiastic to

⁴¹ CFP's position can be found here: <http://www.sinpsi.org.br/index.php/noticia/index/id/5594>, já a Nota de Repúdio confira: <https://febract.org.br/portal/nota-de-repudio-ao-conselho-federal-de-psicologia2/>

⁴² See in: http://edelei.org/_img/_banco_imagens/relato%CC%81rio-web-v2.pdf

work, I plan and I execute. And I have a great increase in libido. [...] My 'breeze' is the libido.⁴³

"Like it or not, it's horrible to sleep on the sidewalk, right? The worst part is the winter, when it rains. When the guards come to do their job⁴⁴, it is not that they are discriminating against us, it is their job. Take us out of the street to do the cleaning. But it's humiliating, is it not?" This is one of the dialogues with Brenda Bracho, benefiting from The Braços Abertos Program (DBA)⁴⁵ and former resident of Hotel Laide. Brenda says this phrase during a conversation with another beneficiary, Angelica, at a time when they reflect on the difference of life on the streets and living in the hotel. The scene can be seen in the documentary *Hotel Laide*⁴⁶, which allows us to enter, for a few minutes, the daily life of these two beneficiaries of the program. It's Angelica's first day at the hotel, and when she arrives, she's met by Brenda, who has been in her room for some time. Brenda welcomes her warmly, and in a short time introduces the new perspectives reached and the "rules of the house", because there are "rules, of course", as she says. After a skip of a year in history, we are led to a dialogue between the two in which they talk about the changes that have occurred in those 12 months. Using fewer drugs, having the opportunity to start over and gain a second family is one of the main points put by the two during the conversation.

The Braços Abertos program consisted of an initiative of the Haddad management and, based on different premises of previous programs, intended to remove crack users from the region of the Luz neighbourhood, known as Cracolândia, by hosting them at nearby hotels. Along with the lodging there is the remuneration for specific jobs, as related to cleaning, sweeping and recycling. The program, implemented in January 2014, was the result of meetings between agents of the city hall, the mayor himself and local leaders. These meetings were extremely important to bring the residents of the region to the centrality of the program and make it more than beneficiaries, but also participants. Ygor Alves says that in an interview he heard from a beneficiary: "who invented the De Braços Abertos was me." Ygor said that the interviewee was very proud to have participated in the process for the implementation of the program, so he himself felt also an inventor with the mayor. According

⁴³ ALVES, Ygor Diego Delgado. *Jamais Fomos Zumbis*. Salvador: Edufba – Cetad. p. 114. 2017.

⁴⁴ Emphasis added by the authors.

⁴⁵ As previously explained, it was a public policy implemented during the management of the mayor Fernando Haddad (PT), between 2014 and 2016. The cost per beneficiary corresponds to a value of R\$ 1,086.00 a month, that is, a minimum wage and a half, whose determination is linked to the Operação Trabalho program (POT). In January of 2015 there were already 428 registered beneficiaries.

⁴⁶ Documentary directed by anthropologist and researcher from Anis – Bioethics Institute, Débora Diniz.

to the author, this speech contrasts with the image (and often self-image) of the crack user as dead living zombie.⁴⁷

After the implementation of the DBA, this stereotypical view begins to lose importance for a new way of facing the crack user, more human. Until the melancholy decline of Kassab management in front of the PMSP, the current certainty was the widespread inability among crack users - portrayed as zombies - to exercise their will. The DBA, created in meetings of these users directly with the mayor of the largest city in the country, has rightly proposed the recognition of this will⁴⁸.

This stereotype is also used by the own residents of the region. As soon as she greets Angelica, Brenda says, "You knew me before I joined the show, look how I changed, I was a zombie, too." The reference produced on them is then incorporated into their own discourses and, when they feel desired by being guests and gaining a share of empowerment, they use it as a form of differentiation. Differentiation between those who are still in flux (as the Cracolândia is also called by them) and those who already have an opportunity, the most emphasized word by Angelica. Another issue to be highlighted is with regard to who these beneficiaries are. Brenda, for example, was a transvestite, so from the perspective of recognition, we can identify a broad profile of inclusion among men, women, trans, youth, adults, etc., as pointed out by the DBA Evaluation Survey, coordinated by the anthropologist Taniele Rui and funded by the Open Society. According to the data obtained:

[...] 58% of the beneficiaries declared themselves male, while 37% were female and 5% were transsexual. In general, according to the results of the research, the profile of the beneficiaries is characterized by a majority of men with low schooling (49% did not complete elementary school) and who declare themselves to be brown, mestizos or black (68%). Although the project's focus was not on abstinence, the survey found that 65% of beneficiaries claimed to have decreased crack use after joining the DBA. In addition, most are from the State of São Paulo (66%, being 58% of the metropolitan region), but a significant amount, one third, comes from other states (34%). In summary, the profile of the male and female population attended by the DBA program, predominantly, is older than 30 years old, has children, declares, for the most part, as brown/mestizo, negro/black, is poorly educated and comes from the state of São Paulo. As expected, use in life or problematic use is much higher than that found in the general population (Carlini et al, 2006 and Laranjeira et al, 2014). In addition, throughout the survey, more than 65% of beneficiaries reported having reduced crack use after entering the DBA and more than 50% reported reducing their intake of cocaine and aspirin⁴⁹.

⁴⁷ BOES, Guilherme. Crack, nem pensar: um esboço sobre mídia e política criminal. Dissertation (Masters in Criminal Sciences) - Pontifícia Universidade Católica do Rio Grande do Sul. Porto Alegre, 2011.

⁴⁸ ALVES, Ygor. Jamais fomos zumbis: contexto social e craqueiros na cidade de São Paulo. PhD Thesis. Programa de Pós-graduação em Antropologia. Universidade Federal da Bahia, 2015.

⁴⁹ RUI, Taniele; FIORE, Maurício; TÓFOLI, Luís Fernando. Pesquisa preliminar de avaliação do Programa 'De Braços Abertos'. São Paulo: Plataforma Brasileira de Política de Drogas (PBPD); Instituto Brasileiro de Ciências Criminais, 2016, p. 25.

Before this public and through forms of action, the program did not dispense with the limits of temporality between the present moment with the past and the future. That is, the old experience, with its history: together with the autonomous present of changes and the production of future perspectives. For this reason, quantitative and qualitative research indicates that “the DBA has gained a much greater political importance and, despite numerous controversies surrounding it, is considered a program with the potential to be replicated nationally and internationally”.

The DBA offered accommodations in surrounding hotel rooms, three meals a day at a local public restaurant, work and income opportunity in municipal janitorial services and mediation of access to health services for people identified as "crack users" without the requirement to stop the use of this or other drugs. This was an unprecedented sort of public action, especially considering the enormous qualitative difference of this program in relation to previous repressive measures and also in relation to the proposal implemented by the government of the state of São Paulo, the Recomeço Program, which, from 2013, financially mediated the reception of people from the region in centers distant from the area, most of them in Therapeutic Communities.⁵⁰

It was the first time that the home of the users of Cracolândia escaped from the dyad streets x Therapeutic Community. When they were thinking about an escape from living in the streets, they always fell into a condition of shelter, hospitalization, treatment in the sense in which it is understood in this grammar. The novelty brought by the DBA was this, the users of crack did not leave the streets to lose their identities, to isolate themselves or to enter into a process of homogenization. They would not become inmates, they would become guests, in a quest that distances itself from a sense of vertical shelter to a horizontality of recognition. Each beneficiary received, on the first day, a box containing items of basic and personal hygiene, together with a vacancy in a hotel room, whose rules are presented upon arrival.

The other difference seen in relation to the previous programs is the non-compulsion of abstinence, the objective is the achievement of a gradual decrease and, consequently, the gain of autonomy of each one according to the difficulties of each trajectory. The fact that they are not required to stop using drugs linked to the search for a citizen's autonomy, causes the DBA to be titled as an action of Damage Reduction bases.

Certainly, these indicatives bring it closer, mainly in discourse and in objectives, to a RD policy (an action still unprecedented in São Paulo's public policies), but it must not be forgotten that there are complexities within the very foundations of Damage Reduction.

⁵⁰ RUI; FIORE; TÓFOLI, op. cit., p. 6.

Although the DBA is recognized and defined as an RD action there is no consensus on this between collective and reducer movements. The concept itself, as Mauricio Fiore⁵¹ points out, is a contested concept, "[...] a group of initiatives that have been grouped together under the name of Damage Reduction (DR) [...] this was forged right in a field of intersections between the medical sciences, public health, psychology and the social sciences". As pointed out by Deborah Fromm,⁵² in addition to RD, other international models have influenced the creation of the DBA, of housing first and low-threshold service, that literally means a low threshold for entry and firing. These experiences indicate an experience that the use of confrontation only increases resistance, while the development of bonds generates the will to change.

Having its inspiration on the RD vertent, it presented a solid difference in relation to the others regarding the relation with the CTs. CTs are not incorporated into Haddad management as they were until then. Thinking about the place of the Therapeutic Community in programs directed to Cracolândia in São Paulo - and other places of use - has always been a crucial and central point in any kind of public policy. In the case of São Paulo, since the 1990s, all initiatives have returned to urban cleaning and revitalization as a priority, such as "Operation Cleaning" (2005), "Operation Dignity" (2007) and "Operation Hardship" (2012). The very restructuring of the surrounding buildings had a purpose of remodeling and seeking a new use of the region, see the structural reforms of buildings such as the Salon São Paulo, the Pinacotheca and the Museum of the Portuguese Language. Along with the revitalization of the urban space, there was the objective of repression of the subjects that lived in those places, therefore, the association with the Therapeutic Communities became so important. The departure of the protagonism with the CTs opened other channels of dialogue with NGOs related to human rights, health care, which re-routed the steps of the program, as highlighted in the research of Fromm.

With the creation of the Program, agreements were established with health, social assistance, labor and human rights NGOs for the organization and execution of work and training activities, cultural workshops, besides medical and assistance treatment of the beneficiaries. Social and healthcare workers are present at the hotels concordant with the City Hall and they mediate between beneficiaries and public services. The municipal crack confronting program adopted a different perspective from the previous ones, inasmuch as it establishes that the focus of the intervention would not be on drugs, but on guaranteeing rights historically denied to this population in a situation of social vulnerability. "We are working with the perception that empowerment, treatment, and housing will stimulate the user to drop

⁵¹ FIORE, Mauricio. *Uso de "drogas": controvérsias médicas e debate público*. Campinas, SP: Mercado das Letras, 2007.

⁵² FROMM, Deborah. *O "fim da Cracolândia": etnografia de uma aporia urbana*. 2017. Dissertation (Masters in Social Anthropology) - Universidade Estadual de Campinas, Instituto de Filosofia e Ciências Humanas, Campinas, 2017.

the drug, gradually, reducing the damage caused by addiction," says former municipal health secretary José de Fillipi Jr. As one official from one of the NGO's of the program said, "we are here to guarantee the rights, whether the guy (crack users on the street) wants it or not, it does not matter!"⁵³

In spite of the advances and the debut character of a policy that is based on Harm Reduction, the DBA received many criticisms. Many of these were due to timing-related inconsistencies in the process of perfecting a program. Most were related to a perceptible non-change of scenery, which continued to have the same appearance as many users wandering the streets making use of drugs. What is expected of this type of action is that there is a rapid effectiveness in the withdrawal of this population from the street, which was not seen in Haddad's program.

Another point of difficulty was the very relationship of hotels with their guests. Not all of them were like the Hotel Laide shown in the documentary, and had a prejudiced relationship with their guests. Each hotel had its own rules regarding cleanliness, conduct, bans, which ends up generating a different response to the program, depending on where the beneficiary was staying. Deborah Fromm (2017, p.65) tells a story of a beneficiary, Dona Nilda, who is a mother that came from Maranhão to São Paulo in search of her son who had been arrested for theft. Dona Nilda's son is transsexual, but she still treats him by the male pronoun. The point is that his son was forbidden to visit her with the argument of the following phrase of the owner of the hotel: "your son does not come here anymore! A travesti does not enter my hotel!". Dona Nilda was upset to say that it was a private jail since even in jail this does not happen and complained that all the rules were made by the owner of the hotel and the City Hall and the program staff did not get involved in these matters.

Criticism is central to the hotels, not only by the beneficiaries but also in the media⁵⁴. The program had eight registered mediation hotels, however, there were two cases of broken agreements due to insalubrity and structural problems. The article says that after an inspection of the technical order of the São Paulo Public Prosecutor's Office, there was inadequacy and insecurity in these hotels. In addition, another problem mentioned by hotel owners was the use of drugs in the space.

Although it is a forerunner program of action for damage reduction, it received a lot of criticism, mainly involving its actions of "combating drug trafficking". According to

⁵³ FROMM, op. cit., p.63, author's emphasis.

⁵⁴ See in: <http://veja.abril.com.br/politica/hoteis-da-cracolandia-o-retrato-de-um-programa-que-nao-deu-certo/>

Fromm⁵⁵ (2017), there was no untying of paradigms, guaranteeing rights, social assistance and reintegration into the labor market were not unaccompanied from the coordination of the position of the Secretariat of Urban Security, “which generated a great deal of revolt between movements and collective advocates of Human Rights, Damage Reduction and for the legalization of drugs”.

In addition, there was an increase in the police contingent in the region. Currently, 118 agents of the Metropolitan Civil Guard work in the place, being 78 during the day and 40 at night, who depend on 40 vehicles, besides a Mobile Unit of Videomonitoring (minibus) and two vehicles, and two bikes donated by the Program “Crack, É Possível Vencer”⁵⁶

These were the main obstacles encountered, both in a more conservative perspective that "calls for" more invasive and repressive actions, and in a more progressive anti-prohibitionist stance that seeks action increasingly distanced from a security policy. Incidentally, the report on the DBA's preliminary assessment survey touched on the perceptions and relationships of beneficiaries with state institutions such as security and justice. It pointed out to a relationship of detachment and fear with the police, the Metropolitan Civil Guard and drug trafficking:

Thirty-nine percent of beneficiaries said they always or almost always have fear. [...] There was a somewhat more negative evaluation of the Metropolitan Civil Guard and its detachment of special operations (IOPE), both under the responsibility of the municipality and more active in the territory, than the Military Police and even the Civil Police, which are responsibility of the State⁵⁷.

Returning to the initial passage of Angélica and Brenda, one can see, besides a reflection on the program in relation to its own trajectories, a certain naturalization of the humiliation produced by the work, by the role of the agents of the city hall. I believe that the differentiation between “their work” and discrimination against the users also comes from a history of programs aimed only at punishment and the separation. They can see this in its humiliating traits, but still, they do not fail to consider this practice as a fair action of work, a political action, a legitimized action.

Another point that should be emphasized is that during all the flow-related State Programs and Operations the repressive character has always been the main one. This leads us to understand the naturalness with which they see these actions: "the guards are doing their

⁵⁵ FROMM, op. cit.

⁵⁶ Ibid., p. 67.

⁵⁷ RUI; FIORI; TÓFOLI, op. cit., p. 31-32.

job". They already associate the violent attitude with the work practice that must be done although they feel such situations as humiliating, degrading and with the power of proliferation of fear. In addition to the previous operations, during the management of Haddad and the DBA, there was another policy, the Recomeço Program, of Governor Geraldo Alckmin being executed. He repeated the same goals and modes as the others, which raises the above hypothesis, that there is a naturalization of these actions as being the correct ones. As pointed out by Ygor Alves, "the challenge not faced by compulsory hospitalization and the State Government's Resumption Program is to structure life in a post-Cracolândia context."⁵⁸.

The DBA is a historical framework, paradigmatic, political and social in relation to the treatment that the old public policies of security and health executed. Nevertheless, it required time for execution and more research and analysis because it is a novelty to be implemented. In addition, there are many conflicting interests that must be taken into account, such as the owners of the hotels, the beneficiaries and the social and security activities of the city. It is also possible to visualize a paradigmatic change in the sense of being an intern or having a dwelling. Although the hotel is not characterized as an official dwelling or is fully within what is considered a "home", it distances itself from a symbolic sense of total institutions⁵⁹ implanted by the CTs.

Concluding remarks

By uniting space-time analysis, a political-historical process to the presentation of a current program (the DBA), and in the process of analysis, we try to promote an investigation with historical and anthropological notes. It can be seen that the issue drawn and presented is in politics, in this theoretical framework that aims to understand how public policy programs work. Policies that are born and are consolidated in the neoliberal state - which, despite being classified as of and for freedom - promotes a violent repression beyond the process of control of conduct from its social-political programs, in partnership with the institutions of civil society. Thus, to speak of any program that is currently operating in the field of drugs, we assess the need to locate the functionality of the organizations of these pastoral programs in the process of a control society within a logic of governmentality.

⁵⁸ ALVES, op. cit., p. 255.

⁵⁹ GOFFMAN, Erving. *Manicômios, prisões e conventos*. Rio de Janeiro: Editora Perspectivas, 2003.

By bringing the DBA as an example of a policy in a different form and perspective from the previous ones, it is not about praising or criticizing, but trying to situate it within this set of drug-device technologies. It comes in the sense of dialogue with the concept that we work on pastoral programs, which moves away from the prison-building duality of the control society and seeks a dialogue between utility and participation. Therefore, the DBA was chosen as the axis of dialogue between the paradigms of the treatments. The main types and technologies of treatment were briefly presented, with emphasis on Damage Reduction and Therapeutic Communities. It was observed a linear political behavior always to the detriment of the RDs in favor of the CTs, however, a rupture occurred in the proposal of the DBA that theoretically reorders the discussions such as biopolitics and pastoral programs, and, in politics, it puts in the agenda the new place of the CTs and the emergence of dialogue with the RD.

Finally, it was possible to visualize that the already structured meanings of regulation and discipline of life and bodies are revisited in this new practice of political program for drugs and that, seen the changes in the current state policy, were not accepted nor carried forward, promoting a return to the old and well-known actions.