

Public policies for drug abuse prevention in Brazil and the United States

Políticas de prevenção ao abuso de drogas no Brasil e nos Estados Unidos

Políticas de prevención para evitar el consumo de drogas en Brasil y Estados Unidos

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doi: 10.1590/0102-311X00040218

Abstract

The study's objective was to discuss public policies for drug abuse prevention targeted to young people in Brazil and the United States. Brazil has formulated its policy with programs that are questioned at the international level on epistemological, theoretical, and methodological grounds. The authors conclude that social policymaking in Latin America is still permeated by dependence on central countries, since the tension between the prohibitionist and harm reduction policies persists in the policy provisions for drug abuse prevention under the National Secretariat for Drug Policies and the Ministry of Health and what is actually implemented. The article suggests pursuing autonomy vis-à-vis the models for preventive measures imposed by the dominant countries, through a wider debate between researchers, health professionals, users, and social movements in the leadership of more appropriate policies for Brazil.

Public Policy; Prevention; Substance Abuse

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Public policymaking is associated directly with the model adopted in the relationship between State and society. According to Höfling ¹, public policymaking reveals conflicts of interest and arrangements produced in the spheres of power involving State and society institutions.

The 21st century was the first to witness global and local contexts that allowed young people to appear as subjects of rights ². Such aspects included the effects of disaggregating neoliberal policies, violence from the drug traffic, weapons trade, and police corruption on the one hand and new ways of experiencing the space-time relationship and creative strategies for social belonging. Public policies drafted for youth in Brazil have emerged in this scenario, grounded on social movement protesting the exclusion and stigmatization of young people and were only formalized in the last decade, with the creation of the National Youth Secretariat in 2005.

Despite this change in the conceptualization of public policies, the focus on youth is still heavily tied to the idea of risk and transgression, both in scientific thinking and in public opinion ³. The denial of young people's civil rights is related to a social perception that this group should be targeted with repressive measures in order to avoid deviations in their socialization process, such as delinquency and drug use, common assumptions in public policies historically focused on youth ⁴. Data from the National Youth Secretariat and the Ministry of Health evidence this reality, reporting that more than 20% of young Brazilians 15 to 24 years of age are neither studying or working ⁵, and that 54.8% of the country's prison population consists of young people 18 to 29 years of age ⁶.

In the wake of these assumptions, a debate has developed on the so-called "drug phenomenon" among youth. According to Passos & Souza ⁷, the War on Drugs launched by the United States in the 1970s simultaneously became a means for social control and the expansion of neoliberal policy based on practices of power and violence fomented by the war economy and consumption logic. However, from the perspective of controlling drug supply and demand, this repressive model's inefficacy is evident ⁸.

Among global public policies on drugs, such as the control of supply and access to social and health services for users, prevention is the policy with the best cost-benefit ratio for the reduction of both abusive consumption and its consequences. According to estimates, each dollar spent on prevention programs in schools avoids an average of 18 dollars in social costs from drug-related problems ⁹. However, as with other policies, the implementation has been based less on scientific evidence than on what politicians deem important ¹⁰. This gap produces discrepancies that hinder the elaboration of an integrated public prevention policy with effective actions. In addition, the limited Brazilian research production on drug abuse prevention leads to the importation of intervention models produced in other jurisdictions ^{11,12}.

This article is intended to discuss the model for public policies in drug abuse prevention targeted to youth in Brazil and the United States, based on the latter country's hegemony in the determination of drug policies in dependent countries. The methodology adopted here is similar to the policy design assessment model. The Brazilian Federal government's guidebook for assessing its public policies recommends "*conducting design assessment as a way of verifying the hypotheses established for the policy at the time of its formulation, as well as in-depth assessment of the points and definitions which at the time were not supported by clear evidence as to their adoption*" ¹³ (p. 121). According to Jannuzzi ¹⁴, design assessment involves analyses based on secondary data or compilation of studies with varying scopes, developed on the theme covered by the policy, the determinants of the problem in question, and the programs and projects elaborated to intervene in the issues. We will address the prevailing legislations, the scopes and contexts for their elaboration, the different prevention programs, and their effectiveness.

Prohibition in the United States and its importation by Brazil

Prohibition policies in the United States date to the temperance movement in the late 19th and early 20th centuries. Established by the middle class, they adopted an ideology that assumed that alcohol leads inevitably to addiction and thus destroys users' moral character and physical and mental health. Programs for drug use prevention followed the compulsory abstinence policy to the letter, such as the incorporation of the "Scientific Temperance Instructions" in the school curriculum ¹⁵.

In the 1980s, the growth of political conservatism during the Reagan Administration favored the recrudescence of repressive policies. The year 1988 ushered in the *Federal Anti-Drug Abuse Act*, which created the Office of National Drug Control Policy (ONDCP), aimed at setting drug control priorities. Simultaneously with reinforcement of the “just say no” policy targeted to youth, there was a budget cut on programs for drug use prevention¹⁶ and later manipulation of statistical data by the ONDCP to forge the efficacy of the War on Drugs¹⁷.

In Brazil, prohibitionist social control policies fit the U.S. model neatly from the beginning. According to Torcato¹⁸, the Brazilian temperance movement in the 1920s also lobbied legislators for a public policy to condemn alcoholic beverages, but failed to obtain the approval of compulsory abstinence. The increase in consumption for recreational purposes (and no longer exclusively for therapeutic ends) meant that the medical profession sought a ban on such uses and framed drugs as a public health problem. Through political networking, the medical profession obtained the first specific drug law in Brazil in 1921, under the heavy influence of Prohibition in the United States¹⁹.

This and subsequent laws ratified within Brazil the international treaties to which the country is a signatory. Brazil's 1988 *Constitution* seconded the deliberations of the U.N. Convention Against Illicit Traffic in Narcotic Drugs and Psychoactive Substances that same year²⁰. Thus, the analysis of Brazil's public policy on drugs requires understanding the intertwining of multilateral prohibition by the United Nations, militarized repression by the United States, and the interests of Brazil's dominant classes²¹.

Policies for drug abuse prevention in Brazil and the United States

The current legislations ruling public policy on drug control in the United States and Brazil are, respectively, the *Federal Anti-Drug Abuse Act* of 1988²² and *Law n. 11,343* of August 23, 2006, with the amendments introduced by *Law n. 13,840*²³ of June 5, 2019. Importantly, the articles dealing with drug abuse prevention remained unaltered. Both legislations contain provisions for the control of both supply and demand, although the main emphasis is on repression of supply. Both legislations devote a specific section to drug abuse prevention, with specificities on policy financing, execution, and assessment. The U.S. law provides further detail on the policy's target public: students, homeless, low-income communities, and adolescents in conflict with the law. The current study will focus on students, since Brazil's prevention policy is based on measures targeted to this population.

U.S. legislation on drug abuse prevention

The ONDCP prioritizes mental health services for users rather than educational prevention strategies. That is, the U.S. government's priority is not to control demand, and within demand, prevention is not the priority.

The Anti-Drug Abuse Act states that the prime focus of prevention programs should be the school, which “*clearly and consistently teaches that illicit drug use is wrong and harmful*”²². Programs should be offered at all levels of teaching, using proper teaching materials, drafted according to the principle of abstinence as the exclusive goal. The very fact that drugs are considered harmful tends to stigmatize users as dangerous and potentially violent. The association between drugs and violence as a cause-and-effect relationship is one of the prevention programs' central components.

The Anti-Drug Abuse Act also provides that teachers and mental health and educational professionals receive should prior training on drug abuse before carrying out prevention activities. Aimed at ensuring the reproduction of the legalist discourse, the strategy in the U.S. policy is that the conduction of drug abuse prevention programs is a prerogative of specialists.

The selection of prevention programs with government financing is based on the services' cost-efficacy ratio. However, there are controversies over the criteria for the programs to be considered recommendable^{24,25}.

Financing prevention policies

According to data from the U.S. national drug control budget, of the 27 billion dollars earmarked for expenditures in this sector for each year from 2016 to 2018, an average of 56.7% was allocated to reducing the supply, i.e., repression of drug production and the drug traffic, both in the United States and abroad ²⁶. Assessed jointly, only an average of 5% of the expenditures on controlling supply and demand was allocated for programs in drug abuse prevention. A Table 1 shows the distribution of the specific amounts according to the budget areas.

An analysis of spending on drug abuse prevention measures from 2009 to 2018 shows a gradual decrease in the budget for this sector, of around 8.4% ²⁶. The gradual reduction in funds for prevention reveals the lack of priority assigned to programs in drug abuse prevention and the primacy of the perspective favoring a crackdown on drugs.

Prevention programs

In the late 1990s, the U.S. government began to demand scientific evidence for preventive activities in schools. Since then, to receive federal financing, prevention programs must adjust to the efficacy criteria. The first measures of efficacy determined that the primary goal was to “*educate and enable America’s youth to reject illegal drugs as well as alcohol and tobacco*”, making clear that “*the strategy focuses on youth for both moral and practical reasons*” ²⁷ (p. 38).

The program’s current criteria center on research methodology issues in the field of prevention, although the goal of abstinence remains. Thus, lists were created of evidence-based prevention programs established by different federal agencies and academic institutions. Schools select their programs according to these criteria ²⁸.

Researchers have criticized both the programs’ assessment and the criteria used to consider them based on scientific evidence ^{29,30,31}. According to Gandhi et al. ³², few studies have empirical assessment, with limited evidence of long-term effectiveness, absence of independent evaluators, or use of subsamples, thus producing biased evidence. According to Holder ³³, the field of research on prevention programs in the United States suffers from lack of transparency in the analyses of the results, lack of reporting of negative data in the publications, and few replications performed by researchers not affiliated with the respective program’s design. Gorman ³⁴ questions the scientific perspective adopted by U.S. researchers in the field of prevention, aiming solely, as he contends, to prove that the programs work.

Brazilian legislation on drug abuse prevention

The National Secretariat on Drug Policies (SENAD) is an agency of the Ministry of Justice and Public Security that coordinates activities in drug abuse prevention, care, and social reinsertion of users, besides repression of the drug traffic. It was created in 1998 under President Fernando Henrique

Table 1

Budget amounts allocated to control of the demand and supply of drugs in the United States.

Year	Control of demand (in billions of USD)		Control of supply (in billions of USD)		
	Prevention	Treatment	Law enforcement	Drug search and seizure	International
2016	1.5	9.8	9.3	4.7	1.5
2017	1.5	10.6	9.3	4.6	1.5
2018	1.3	10.8	9.2	5.0	1.4
Total	4.3 (5.24%)	31.2 (38.05%)	27.8 (33.90%)	14.3 (17.44%)	4.4 (5.37%)

Cardoso as the National Anti-Drug Secretariat, aimed at ratifying (for the international community) the adoption of the model based on drug repression³⁵.

Brazil's *Law n. 11,343/2006*, which governs public policy on drugs, establishes as one of the principles of prevention the “*strengthening of individual autonomy and responsibility*” and also recommends “non-use” or “delaying use” and risk reduction as the goals of preventive activities. However, with the recent amendments under *Law n. 13,840/2019*²³, the system no longer assumes the harm reduction perspective, adopting abstinence as the only approach to drug use.

Brazil's national policy stipulates the implementation of prevention programs in public and private teaching institutions, where teaching professionals at the three levels should receive training through policies for continuing education. However, studies have revealed Brazilian teachers' unpreparedness to perform this function, due to either fear and/or lack of information and skills to broach the subject^{36,37}.

The law also recommends that the preventive activities be based on scientific evidence to avoid prejudice and stigmatization towards users and services. Studies on the effectiveness of preventive interventions in Brazil are few, scarcely valued, and discontinuous^{11,12,38} or circumscribed to local programs without a national reach. However, since 2013, at the initiative of the U.N. Office on Drugs and Crime (UNODC) and in partnership with the Brazilian Ministries of Health and Social Development and the Fight Against Hunger and SENAD, three programs originally developed in the United States are being validated for Brazil as part of the export package of the U.S. “War on Drugs”: the Elos game, #Tamojunto, and Famílias Fortes.

The law recommends an inter-sector approach and shared responsibility among services that provide activities in prevention and those working with users and their families. To establish mutual collaboration, partnerships are suggested with private sector institutions and with various social segments. On the other hand, social movements do not appear as important partners in this process. Currently, however, social movements in mental health and universities have played a leading role in social control of public policies on drugs.

Financing prevention policies

The Administrative Reports by SENAD provide a budget and financial statement on the Program “Crack: It is Possible to Win”, which foment the item on “Prevention of Drug Use and Abuse in Brazil” with the following objectives: promote and link continuing activities in drug use prevention in order to inform, discourage initial use, encourage less consumption, and decrease the risks associated with improper use^{39,40,41}. Table 2 presents the data from the last three reports published by SENAD (2015-2017), based on the budget of the National Anti-Drug Fund (FUNAD).

Although the amounts actually spent on preventive measures doubled from 2015 to 2017, there is a discrepancy between what is earmarked in the budget and the amounts actually spent in this sector. Oliveira⁴² points to weakness in the transparency of SENAD's data, since no information is provided on these funding cuts or on the transfer of some prevention activities to other Ministries.

Until 2013, the Brazilian Federal government lacked specific budget funding for a drug abuse prevention policy. When financing for this policy began, it was for importation of a technology from the United States rather than for fomenting a line of Brazil's own research on the issue.

Table 2

Budget allocations and outlays for prevention of drug use/abuse in Brazil.

Year	Allocation (in millions of BRL)	Expense (in millions of BRL)	
		Earmarked	Outlays
2015	128,903,543	46,342,328	5,190,116
2016	115,915,899	99,978,678	13,985,718
2017	109,464,928	87,994,325	10,593,491

The National Division of Mental Health, Alcohol, and Drugs of the Ministry of Health conducted studies for the cultural adaptation of three programs in drug use prevention. These are universal prevention programs originally adapted in the United States: Good Behavior Game ⁴³, Unplugged ⁴⁴, and Strengthening Family Program (SFP) ⁴⁵. According to data requisitioned from the Citizens' Information Service of the Brazilian Federal government, in 2013 and 2014 the Ministry of Health spent BRL 2,230,020.19 on payments to three international institutions holding the programs' copyrights – Oxford Brooks University (United Kingdom), University College Ghent (Belgium), and American Institute of Research (United States) – for the programs' purchase and follow-up of pilot interventions in ten municipalities (counties) in two states of Brazil; hiring translation services for the original teaching materials, illustration, design, dubbing, and printing and distribution to the states and municipalities; and payment of a technical team to supervise the programs' rollout with the Ministry of Health.

The three programs' implementation is coordinated by researchers from the Federal University of São Paulo (UNIFESP) and the Federal University of Santa Catarina (UFSC). From 2013 to 2014, these universities received, respectively, BRL 682,866.40 and BRL 299,979.20. Since 2015, the National Division of Mental Health, Alcohol, and Drugs reports that the expenditures have been lower since the programs were acquired with a single payment.

Brazilian prevention programs

The history of drug prevention programs in Brazil is marked by the importation of models developed in other jurisdictions. Canoletti & Soares ¹¹ identify two phases in prevention activities in Brazil. The first phase, lasting until the early 1990s, involved the lack of scientific research in the area, scarce and discontinuous prevention activities, and inadequate programs that had been developed in other countries. The second phase occurred under the influence of the AIDS epidemic through programs to prevent HIV transmission from shared injecting drug-use paraphernalia. In this phase, due to investments by the U.N. Educational, Scientific and Cultural Organization (UNESCO), drug use prevention programs began to focus more on education.

The official prevention activities with a national scope that remain to this day are very limited. They are limited to distance training courses, like the System for Detection of Abusive Use and Addiction to Psychoactive Substances: Referral, Brief Intervention, Social Reinsertion, and Follow-up (SUPERA) ⁴⁶, and a prevention program, the Educational Program for Resistance to Drugs (PROERD), developed in schools by the Military Police since 1992. PROERD is a spinoff of the Drug Abuse Resistance Education (DARE) program, created by the Los Angeles Police Department in 1983 for elementary students. Although PROERD is still offered in schools, studies in the 1990s already showed the inefficacy of DARE ^{10,47,48}. Current studies have also assessed PROERD negatively, reporting the use of scare tactics ⁴⁹ and lack of evidence of efficacy ⁵⁰.

The drug abuse prevention programs currently implemented in Brazil were renamed on the basis of those that served as their models. Box 1 lists the Brazilian programs and the respective programs originally developed in the United States.

Box 1

Prevention programs in Brazil and their original versions.

ORIGINAL PROGRAMS	BRAZILIAN PROGRAMS
Good Behavior Game	Elos game (building collectives – for children 6 to 10 years of age)
Unplugged	#Tamojunto (for preteens and teens 10 to 14 years of age)
Strengthening Families Program: for parents and youth 10-14 (SFP 10-14)	Famílias Fortes (for families and preteens and teens 10 to 14 years of age)

Both the Unplugged program, adapted by a group of European researchers⁵¹ from a traditional prevention program from the United States⁵², and the SFP are based on the global social influence model⁵³, which involves teaching life skills to students to avoid pro-drug social influences (especially peers), and to refuse to use drugs, still along the lines of “just say no” from the height of the War on Drugs. The Good Behavior Game was born with different objectives from those of the 1960s. The purpose is to improve the quality of sociability among students themselves and between students and teachers, especially in classrooms where there are children with behavior problems related to social interaction. The central focus is thus not drug use prevention. However, studies have shown that by intervening positively in children’s developmental paths, they tend to become adolescents and adults who are less vulnerable to risk behaviors, including drug abuse^{54,55}.

The Brazilian Ministry of Health recently partnered with the UNIFESP to launch a report with data on the cultural adaptation and assessment of efficacy in the three programs suggested by UNODC⁵⁶. Both Elos and #Tamojuntto were considered useless, since the positive effects were not maintained in the long term, and also iatrogenic, since they produced negative effects.

The adverse effects included increased aggressiveness and disruptiveness of students assessed as cooperative at the start of the Elos program, who constituted the majority of the sample in the group that received the intervention⁵⁶. The #Tamojuntto program showed no significant effect on consumption of the target drugs (tobacco, marijuana, cocaine, crack, and binge drinking), besides a 30% increase in the odds of alcohol initiation during the nine-month follow-up after the program’s application⁵⁷.

Based on these results, SENAD and the General Division of Mental Health of the Ministry of Health suspended the large-scale implementation of the programs #Tamojuntto, Elos, and Famílias Fortes. According to what SENAD considered a “risky” strategy, that is, the rollout of prevention programs in various Brazilian municipalities without pilot projects, it determined a new condition for financing prevention activities. Section IV, Article 1 of CONAD Resolution 1/2018 provides that “*promotion and incentives for prevention programs developed by Brazil or adapted to the Brazilian reality in linkage with international agencies should exclusively involve initiatives where the results of the impact are satisfactorily measurable in meeting the objectives of protection*”⁴¹ (p. 128).

The Brazilian Ministry of Education did not approve these prevention programs, nor does it participate in their implementation, since they originated in foreign countries and exhibit a methodological proposal that differs from Brazil’s National Educational Policy.

Comparative analysis of the prevention policies

Latin America is witnessing alarming rates of violence related to the internationalization of crime, maintained by the weapons and arms traffic and illegal financial transfers⁵⁸, largely created by the War on Drugs. This scenario sparked growing resistance by some Latin American nations to the global prohibitionist model for drug regulation, based almost exclusively on the control of supply. These States have established alternative drug policies and demanded a shift from the paradigm of repressive approaches to preventive interventions with a focus on harm reduction and citizens’ safety⁵⁹.

However, the development of social policies in Latin America remains dependent on the policies practiced in the central countries⁶⁰. The relationship of dependence between First and Third World countries marks the production of knowledge to back public policies in the latter. This dependence divides the nations that create models, the so-called central countries (such as the United States), from those that reproduce models, ideas, technology, and culture (the so-called peripheral countries like Brazil). Knowledge production remains under the command of the central nations, while the peripheral nations are left with the role of consumers of the content conceived in the Northern Hemisphere⁶¹. This relationship has shaped drug abuse prevention policy in Brazil. Box 2 compares the characteristics of drug use prevention policies in the United States and Brazil.

Despite significant differences between the drug control policies adopted by the United States and Brazil, the repressive paradigm is imposed via technology transfer as a function of the United States’ political and economic domination. The prohibitionist model is thus maintained, merely shifting the programs’ focus from fear to persuasion.

Box 2

Characteristics of anti-drug abuse policies in the United States and Brazil.

CHARACTERISTICS	UNITED STATES	BRAZIL
Legislation	Abstinence	Abstinence
Financing	Moderate investment	Low investment
Formulation of prevention policy	Based on studies with questioned assessments. Defined mostly by the government itself	Importation of foreign models. Defined mostly by the government itself
Execution of activities	Third Sector organizations	Groups affiliated with universities
Result of interventions	Moderate/Low efficacy	Moderate/Low efficacy

The harm reduction approach, no longer adopted by Brazil's drug policy, is based on the assumption that if a drug-free society does not exist, it is plausible to draw on strategies on drug use with the maximum possible safety, acknowledging the different possibilities of use – from recreational, occasional, and frequent to heavy – and thus the different effects: beneficial, neutral, or harmful⁶². This approach requires the replacement of the prevention perspective with education for children and adolescents. Based on the principle that drug consumption results from a relationship between the subject, the drug, and the environment, education is essential for autonomy and self-protection and community protection⁶³. Studies that assess practices of care for drug users in Brazil's health services, both in primary care and in mental health services, are still based on the prohibitionist model and stigmatizing and moralizing approaches, besides displaying insufficient knowledge on the drug issue's complexity^{64,65}.

The economic and political interests that determine drugs' legality or illegality become evident in both the United States and Brazil, since the arguments for protecting subjects' health fail to stand up due to the significant individual and social harms caused by legal drugs. The public policies reflect these interests. Government policy-making for drug prevention in Brazil has been based on programs that are questioned on epistemological, theoretical, and methodological grounds^{66,67,68,69}.

In the United States, a country whose health system is not universal, the Third Sector emerges as the "*ideological justification for the State's disengagement in terms of public action*"⁷⁰ (p. 11). Private nonprofit nongovernmental organizations (NGOs) predominantly execute the prevention programs.

In Brazil, although the Unified National Health System (SUS) is written into the *Constitution* and other laws, guaranteeing its full execution is still one of the country's greatest challenges. Teixeira & Paim⁷¹ identify three strategies in the dismantling of the SUS: approval by the Executive and Legislative branches for participation by foreign capital in health, outsourcing, and health plans; defense by the media, politicians, and part of the middle class of the creation of a precarious SUS for the poor; and underfinancing via one of the most drastic onslaughts on the SUS: *Constitutional Amendment 95/2016* (the ceiling on budget spending). Underfinancing of mental health is part of the chronic underfinancing of the SUS⁷². From 2001 to 2016, the Ministry of Health spent an average of 2.4% of the annual budget of the SUS on mental health⁷³, when the World Health Organization recommends that funds allocated to mental health should represent 5% of the health budget.

Financing for mental health was cut by 0.8% from 2010 and 2016, and this decrease is related directly to implementation of the plan "Crack, It is Possible to Win", due to the reallocation of expenses between old and new items. The plan regulates the costing of therapeutic communities, one of the largest expenses in the program, which runs counter to the Psychiatric Reform Law, since it represents a return to the asylum model and a form of privatization of mental health^{72,74}, besides lacking evidence of the efficacy of compulsory hospitalization⁷⁵.

Mapping of preventive actions conducted in Brazil is limited. Abreu et al.⁷⁶ performed a systematic review aimed at identifying Brazilian centers that systematically develop preventive inter-

ventions and describing assessment studies of the programs. The review's results showed that the programs are executed by public universities in the Southeast of Brazil, with a small share supported by research agencies. The authors also found that 62.79% of the programs are targeted to schools and that only 6.82% focus on drug use. They conclude that the methodological limitations in the studies' design require a cautious assessment of the data on the programs' efficacy. Laport et al.⁷⁷ showed that primary care professionals, in principle, are those responsible for prevention and health promotion in Brazil, and still adopt a practice centered on the curative perspective in relation to drugs, both as a function of limitations in training and the organizational culture established in Brazil's health units.

For a public policy to be considered effective, it must be sensitive to the context in which it will be adopted. In a country like Brazil with profound socioeconomic inequalities, young people do not have access to leisure, sports, or spaces for social interaction, and drugs emerge in this context as one of the few options for pleasure. Thus, persuading young people to refuse to use drugs appears not to be a feasible pathway in this scenario, even if such persuasion involves interactive strategies and realistic information on drugs. These are merely new means to maintain old practices.

Tensions persist between the prohibitionist model and the harm reduction model, between the provisions of the policies for drug abuse prevention by SENAD and the Ministry of Health and what is actually executed. Thus, prevention activities remain in the middle of the clash between the psychosocial paradigm and the curative and asylum-based mental health perspective. *Law n. 13,840/2019*, by deepening the repressive side of *Law n. 11,343/2006*, tends to aggravate the obstacles to the elaboration of educational programs focused on the promotion of young people's reflection and responsibility towards drugs.

Final remarks

The War on Drugs failed. More than acknowledging the scientific evidence proving this fact, it is necessary, first and foremost, to overcome Brazil's dependence on U.S. domination. Although Brazil is signatory to the United Nations' prohibitionist conventions, the inefficacy of preventive programs, with insignificant results on the prevalence of drug use by youth, highlights the need to deconstruct the logic of persuasion in order to elaborate that of education.

According to Soares & Jacobi⁷⁸, a prevention program is defined not only by its theoretical and methodological frame of reference, but also by its ideological premises. It is thus important to seek autonomy from the prevention models imported from the United States, through a wider debate among researchers, health professionals, users, and social movements to lead to more adequate policies for Brazil, aimed at building educational programs that allow Brazilian children and adolescents to make more authentic choices and that minimize their conditions of vulnerability. Despite all the obstacles cited in this study on Brazil's programs for drug abuse prevention, one should emphasize the attempt to draft a policy based on scientific evidence as an inestimable gain for the country.

This study aims to contribute to the debate on prevention, currently on the rise in Brazil, analyzing pertinent and sovereign strategies for a national drug policy that serves the Brazilian reality. The study has some limitations, since the selected prevention programs were limited to those offered to children and adolescents in the school setting. Future studies can investigate the analyses of efficacy of different Brazilian prevention programs that have already been elaborated.

Contributors

D. I. B. Tatmatsu and C. E. Siqueira contributed to the study's conceptualization and design and the data analysis and interpretation. Z. A. P. Del Prette contributed to the critical revision of the article's intellectual content. All the authors participated in the writing, approved the final version, and state that they take responsibility for all aspects of the work, guaranteeing its precision and integrity.

Additional informations

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Resumo

O objetivo deste estudo foi discutir as políticas públicas de prevenção ao abuso de drogas destinadas aos jovens no Brasil e nos Estados Unidos. A formulação dessa política no Brasil tem-se estabelecido a partir de programas que são questionados internacionalmente em termos epistemológicos, teóricos e metodológicos. Conclui-se que a construção de políticas sociais na América Latina permanece atravessada pela manutenção da dependência aos países centrais, uma vez que as tensões entre os modelos proibicionista e de redução de danos se mantêm entre o que preveem as políticas de prevenção ao abuso de drogas da Secretaria Nacional de Políticas sobre Drogas e do Ministério da Saúde e o que de fato é executado. Sugere-se buscar autonomia em relação aos modelos de ações preventivas impostos pelos países dominantes, por meio de um debate mais amplo entre pesquisadores, profissionais, usuários e movimentos sociais para o protagonismo de políticas mais adequadas ao Brasil.

Política Pública; Prevenção; Abuso de Substâncias

Resumen

El objetivo de este estudio fue discutir las políticas públicas de prevención del consumo de drogas destinadas a jóvenes en Brasil y Estados Unidos. La formulación de estas políticas en Brasil se ha establecido a partir de programas que son cuestionados internacionalmente, en términos epistemológicos, teóricos y metodológicos. Se concluye que la construcción de políticas sociales en Latinoamérica permanece influenciada por la continua dependencia de los países más importantes, ya que las tensiones entre los modelos prohibicionista y de reducción de daños se mantienen entre lo que prevén las políticas de prevención contra el consumo de drogas de la Secretaría Nacional de Políticas sobre Drogas y del Ministerio de Salud, y lo que de hecho se ejecuta. Se sugiere buscar autonomía respecto a los modelos de acciones preventivas, impuestos por parte de los países dominantes, mediante un debate más amplio entre investigadores, profesionales, consumidores y movimientos sociales para el protagonismo de políticas más adecuadas en Brasil.

Política Pública; Prevención; Abuso de Sustancias

Submitted on 04/Mar/2018

Final version resubmitted on 30/Aug/2019

Approved on 07/Oct/2019