

## Presentation

Crack! This has been the most often used word by media in recent times. All of a sudden, the crack cocaine was considered as the cause of all evils, from all forms of violence and social poverty, of all precariousness and bankruptcies of public policy.

The scenes of use, demonized by media as the “cracklands” – *cracolândias* in portuguese – started being systematic and repeatedly exhibited by TV channels as if they were reality shows, producing the impression that whole society was solely a great consumption area of the drug.

With no delay, numerous churches offering thousands of places in institutions for moral and spiritual treatment of drug addicts came to appear, these fraudulent institutions self-styled of “therapeutic communities”. Likewise, clinics and rapid graduation courses of therapists on chemical addiction began to proliferate. The markets of faith and disease closely aligned in one purpose.

The advances built over many years and hard battles in the field of sanitary and psychiatric reforms became absolutely threatened, as in a magic touch. The interventionist furor claiming for compulsory admissions planted by media and markets built around the drug issue, brought up another market: the speculation on the justification of the need for an anti-drug policy!

In fact, this policy has been masking a violent process of sanitization of urban spaces, making us upgrade Michel Foucault’s reflections on the birth of social medicine in Germany and France.

To further aggravate the overall picture, in the House of Representatives was presented the bill No. 7.663/10, which proposes increasing criminalization and penalization related to the issue of drugs, and, incredible as it may seem, determines that the educational establishments take on a role denouncing of children and adolescents suspected of drug use. Finally, the bill strengthens the policy of ‘war on drugs’ – totally failed policy – and, as such, was rejected in most countries that had adopted it and that, for its sake, had the situation of social violence worsened.

The Brazilian Center for Health Studies (*Centro Brasileiro de Estudos em Saúde–Cebes*), along with several other organizations and social movements, has positioned itself strongly against such a bill. But the initiative moves forward, including the government’s decision to support it by inserting it in the voting system of emergency.

On the other hand, with regard to the assistance field directed to chemical dependency, public investment is still very shy and vague. As long as the official trend primarily points to the expansion and funding of religious institutions in response to the interests and pressures of religious bench – predominantly evangelical – the care experience shaped by the principles of Psychosocial As-

sistance and Harm Reduction, centered in the bond and accession of the user, although with very relevant results, are still in a kind of limbo of public policies.

The current number of *Saúde em Debate* aims to bring out the rich experiences and reflections taking place in Brazil which demonstrate that it is possible to construct a policy in the field of chemical dependency based on other scientific principles, and have in the solidarity, on listening, inclusion, human rights and citizenship its ethical and political bases.

Board of Directors, Cebes