

Chapter 98

Harm reduction, evidence-based practices and prevention of drug use



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Eduardo Silva Ricetti

Universidade Federal do Paraná (UFPR)
E-mail: eduardo.ricetti1@gmail.com

Maria Eduarda Orlando

Faculdade de Presidente Prudente (FAPEPE UNIESP)
E-mail: eduardaorlando.psico@gmail.com

Richard Aleksander Reichert

Universidade Federal de São Paulo (UNIFESP)
E-mail: reichert@unifesp.br

Beatriz de Oliveira Lavezzo

Universidade do Vale do Itajaí (UNIVALI)
E-mail: beatriz_lavezzo@hotmail.com

Karoline Gabrieli Reichert

Universidade do Vale do Itajaí (UNIVALI)
E-mail: karoline_reichert@edu.univali.br

Denise De Micheli

Universidade Federal de São Paulo (UNIFESP)
E-mail: demicheli.unifesp@gmail.com

ABSTRACT

This paper aims to present a literature review of the last five years that examines the characteristics of programs, policies, and actions in Brazil. The article addresses the concept of evidence-based preventive practices, establishing relationships between the prevention of drug use in Brazilian school contexts and Harm Reduction, based on the assumption that evidence-based preventive practices are essential to ensure the right of access to comprehensive approaches to people who use drugs. Thus, it is expected to contribute to the formulation and implementation of effective, effective and bioethical interventions in the field of prevention of alcohol and other drug use.

Keywords: : Drug Use, Education, Prevention, Harm Reduction, Evidence-Based Practices.

1 INTRODUCTION

People who use drugs have the right to access comprehensive approaches, which include prevention, support, and humanized treatment, as advocated by Harm Reduction, ethics and technology of care, health care, and socio-education, which starts from bioethical premises, based on the guarantee of human rights, respect for the autonomy, freedom, and protagonism of the subjects. Care strategies based on the perspective of Harm Reduction start from the establishment of individualized care projects, considering the context of life and the singularities and needs of individuals, contrary to arbitrary and punitive approaches. In the Brazilian context, Harm Reduction is articulated in the course of the development of the Unified Health System (SUS) along with approaches that make up the field of psychosocial care, highlighting the importance of community experience and the promotion of intersubjective relationships (Gomes & Vecchia, 2018; IHRA, 2010; Silva et al., 2021; Souza & Ronzani, 2018; Surjus & Passador, 2021).

The institutions and school spaces are configured as privileged places to ensure the establishment of these relations, the full and healthy development of children and adolescents, and the formation and

emancipation of citizen subjects and, as such, are fundamental contexts for the expansion of the connection of these developing subjects among themselves, their families and communities, also through the provision of services, programs, and projects to prevent early, harmful, and problematic drug uses, including patterns of risky consumption and dependence (Moreira, Vóvio, & De Micheli, 2015; Passos & Souza, 2011; Silva et al., 2021; Souza & Monteiro, 2011).

The present text aims to: 1) introduce a conceptualization of "evidence-based preventive practices", from a brief historical synthesis of the subject, and establish theoretical-practical relations with the prevention of drug use in Brazilian school contexts and Harm Reduction; 2) present a synthesis of the accumulated evidence on the effectiveness of programs and policies to prevent drug use in school contexts; from the debate on overcoming drug prohibitionism as a humanitarian task for the historical present and from the "International Guidelines on the Prevention of Drug Use" (UNODC, 2014); and 3) reflect on the reality of drug use prevention practices in Brazilian school contexts, based on results pointed out by literature reviews of the last five years that examined characteristics of programs, policies, and actions in Brazil.

The literature reviews were searched in the scientific research aggregators SciELO and PubMed from the terms "prevention of drug use", "school" and "evidence-based practice" and their counterparts in English, inserted together and separated into two stages in each of the search engines. The texts presented in the search engine were filtered from the title and abstract, and those that dealt specifically with the implementation of health prevention actions or programs preferably focused on drug use at regional or national scales and in school contexts were selected.

Throughout the text, the concepts of "evidence-based practices" and "prevention of drug use" will be articulated, to then give rise to the presentation of the scientific and institutional publications consulted, debating the prevention of drug use in Brazilian school contexts based on the basic principles of Evidence-Based Practices. In the conclusion, reflections will be made on what some of these excerpts allow us to glimpse about the "evidence-based drug use prevention practices" and their intersections with Harm Reduction. As a guiding thread of the critical perspective of the text, the case of drug prohibitionism and the development of moralistic practices of drug education link the central reflections around the principle of "best available evidence", which is fundamental to Evidence-Based Practices.

2 THE ADVENT OF EVIDENCE-BASED PRACTICES IN THE FIELD OF PUBLIC POLICY FORMULATION

The incorporation of the ethical principles of evidence-based practices in the field of drug use prevention is a global guideline of the United Nations (UN) in different fields of humanized care. The ethical principles of the so-called Evidence-Based Practices in health care and care start radically from the golden rule of the health field: "not harm", that is, a health intervention must, first, not produce a health problem. From a historical point of view, the development of evidence-based health practices, in general,

has roots in the elaboration of the English national health system, the *National Health System* (NHS), throughout the 1950s, 1960s, and 1970s, especially in the contributions of its patron, epidemiologist Archie Cochrane, on the notions of efficiency and effectiveness of collective health devices.

Today, Evidence-Based Practices continue as an offshoot of the debate of the Canadian medical field championed by David Sackett in the 1980s, who, in the political-scientific context of the issuance of a report that attested to the ineffectiveness, overmedicalization, and iatrogeny in the practice of medicine in the country, began to debate the attention in medicine centered on the person who uses the health service – which is the starting point for what he called "medicine" evidence-based" (Faria, Oliveira-Lima, & Almeida-Filho, 2021).

As a set of principles, Evidence-Based Practices can be seen as ethical guidelines for the exercise of professional competence to be consolidated at the beginning of the twenty-first century, integrating the daily decision-making of health professionals to the best available evidence to treat suffering experienced by a person, community, or territory. As a health decision-making strategy, developing an evidence-based practice involves an exercise in stages of good clinical practice (Faria et al., 2021), as shown in Table 1.

Table 1. Stages of good clinical practice for health decision making.

Stage	Description
Formulation of the clinical question	Establish the scientific question of interest, based on the literature, and convert the information (on prevention, diagnosis, prognosis, therapy, causality) into a question.
Access to information	Identify the relevant information to answer the scientific question of interest.
Critical analysis of information	Critically evaluate the applicability of evidence in clinical practice.
Application in the clinical context	Determine the best course of action, taking into account the problems of the patient and/or the population.
Evaluation	Evaluate the effectiveness in the execution of the first steps and look for ways to improve them.

Source: Faria, Oliveira-Lima and Almeida-Filho (2021, pp. 70-71).

Evidence-Based Practices propose that decision-making by a health professional about which alternative care to offer should take into account their **clinical experience** in the face of health demand, the identification of the **best available evidence** for effective and effective care of the health demand in question, the **values and idiosyncrasies of the user** of the health service in receiving certain treatments and the **territorial/community/sociocultural analysis** in which the provision of services takes place (Leonardi & Meyer, 2015; Schneider, Pereira, & Ferraz, 2020).

The efficacy, efficiency, and effectiveness of health interventions are also criteria for evaluating the quality of evidence-based practices. Such aspects are understood, respectively, as 1) the capacity of an intervention to produce a certain desired result (the resolution of the health problem or the proper prevention of this problem); 2) a cost-benefit ratio with the minimum of losses of invested resources; and 3) producing

a satisfactory impact on the person served and the community they compose (Schneider et al., 2020). It is undoubtedly in the public interest that health interventions are based on these principles.

A critique of so-called Evidence-Based Practices addresses the difficulty of elaborating adaptations sensitive to regional differences between the sociocultural contexts in which a practice is elaborated and validated as empirically sustained and the foreign contexts in which it will be implemented in the future. Therefore, the scientific community and organized civil society must act jointly and collaboratively in the formulation of public policies in different fields. In the implementation of health prevention actions, programs, and projects, the extensive participation of the community is fundamental (UNODC, 2014; Pedroso, Juhássová, & Hamann, 2019). In addition, the cultural adaptation of prevention programs should include different processes of popular-community participation, involving different school actors, for example, throughout the entire cycle of implementation of a public policy, in addition to taking into account the etiological precursors of the phenomenon in a specific territory and involving specialists in decision-making on intervention actions (Pedroso et al., 2019).

3 PROHIBITIONIST POLICIES AND THE (ANTI)SCIENTIFIC PRODUCTION OF KNOWLEDGE ON THE USE AND DEPENDENCE OF SUBSTANCES

The evidence pointed out in the document "International Guidelines on the Prevention of Drug Use" (UNODC, 2014) about the effectiveness of programs and public policies for the prevention of drug use indicates that there are common factors in different territories, groups, and individuals that amplify the vulnerability to early use of substances (UNODC, 2014). The following are cited: 1) the lack of adequate information about drugs and the consequences of their consumption, biological processes related to human development, specific personality traits related to the risk of drug abuse and mental disorders and their prevalence in certain groups and localities; 2) the occurrence of neglect and abuse in the family; 3) the absence of a bond between the child or adolescent with the school and the community; 4) the absence of social norms conducive and favorable to human development; 5) the negative interference of sociodemographic contexts, such as living in precarious, marginalized and resource-poor territories; among others. Prohibitionism, however, is not pointed out in this document as a process that engenders risks associated with early drug use.

Still, raising such evidence, it is possible to conceive that the use of drugs occurs as a human phenomenon intertwined with cultural and psychosocial contexts. In contemporary times, therefore, it is possible to affirm that the use, abuse and dependence of drugs are intertwined in their prohibitions, a set of devices of social control over the individual and collective conduct of using drugs, usually a coercive, punitive and moralizing control that uses the social segregation of people who use drugs through asylum and asylum devices (Carneiro, 2019).

The emblematic case of prohibitions about marijuana in Brazil and in the world in the last 200 years, as narrated by the historiography of this modern social phenomenon, makes explicit that the prohibition of

the plant throughout history is linked, above all, to non-humanitarian interests and very little based on science. It is known today that these prohibitionist policies departed and endure based on the economic and social interests of "elites" who, throughout the nineteenth and twentieth centuries, modeled drug policies and care for people who use them from racist conceptions, which gained bolder eugenicist contours around the world throughout the twentieth century, when marijuana became banned on a global scale to supposedly protect the very existence of people and societies (Bucher & Oliveira, 1994; Carlini, 2006; Carneiro, 2019; Hari, 2018; Hart, 2014, 2021; Silva & Pessoa, 2019; Saad, 2019).

For an evidence-based evaluation of potential risks associated with the consumption of marijuana or any other psychoactive substance, as opposed to moralistic and prohibitionist-repressive conceptions, an analysis of the subject-drug-context relationships is necessary, considering the characteristics of the person, the substance and the forms of use (frequency, quantity, route of administration), as well as the physical and social environment in which the use occurs, including intra- and intersubjective aspects (Lende & Downey, 2012; Reichert & Zaluar, 2021; Surjus & Passador, 2021).

To affirm, for example, that "using drugs is risky", in a generic way, is to give contours of simplicity to an extremely multifaceted phenomenon. Starting from this conception of risk and danger involved in the human conduct of "using drugs" and taking it as amenable to control and modification to the detriment of addressing "care for people who use drugs", can open margins for anti-humanisms, as social movements for the rights of people who use drugs usually rectify. Instead of examining, studying and eventually preventing human conduct that we can call "using drugs", one can approach the care of people "in full" *before and beyond a focus on their drug uses*, integrating into health care a biopsychosocial conception of autonomous singular individuals who can make responsible and conscious decisions, including about the use or non-use of drugs – the approach called "people first", founding characteristic of the ethics of Harm Reduction (Machado & Boarini, 2013; Passos & Souza, 2011; Ribeiro, 2013; Surjus & Passador, 2021; Hart, 2021).

Prohibitionism ultimately results in an expansion of the supply, variety and potency of drugs that are illegally put into harm, which circulate in the contemporary global economy through the operation of criminal organizations, increasing the potential risks and harms associated with the use, as well as creating justifications for punitive-repressive approaches of "war on drugs", which recycles and updates policies of colonial control of territories and people, as a legal form of extermination of enemies, transforming vulnerable communities into war camps (Campos, 2014; Carneiro, 2019; Surjus & Passador, 2021; Thornton, 2018; Zaccone, 2015).

For this reason, to think about evidence-based drug use prevention practices, especially in school and socio-educational contexts, it is essential to discuss preliminarily the evidence of ineffectiveness and ineffectiveness of prevention programs based on the perspective of prohibition and punishment, thus making possible the deconstruction of the prohibitionist posture and the promotion of actions that reduce vulnerability (Sodelli, 2016). This deconstruction is necessary mainly because, to a large extent, the production of evidence on the use of psychoactive substances that (supposedly and wrongly) underlie and

justify prohibitionist policies deviate from a truly ethical and rigorously scientific perception of the phenomenon. On the contrary, the advent of modern science on drug use has demonstrated that it starts from a hegemony of the biomedical model and socio-sanitary assumptions and of a racist and hygienist nature (Costa, 2021; Estoado, 1998, 2004; Fiore, 2006; Hart, 2021; Carneiro, 2019), what Bourgois (2018) attributes to the gaps present in popular, academic and political thought about drugs and the underdevelopment of theory in much of the scientific literature.

Also for this reason, the United Nations High Commissioner for Human Rights (OHCHR, 2022) called for an end to the so-called "war on drugs", paying attention to the unequivocal realization of the failure of prohibitionism as a "policy" for health care and the recurrent historical evidence that denounces eugenic contamination in scientific production by approaching the use of drugs from a colonial-racist perspective and, therefore, essentially non-bioethical.

The global political demand to install evidence-based drug use prevention practices, spearheaded by the United Nations Office on Drugs and Crime (UNODC) in 2014, seems to come as an antidote to this punitive moralism that produces a contaminated science at its most basic foundation, bioethics.

This call from the United Nations has gained momentum in the Latin American continent, for example, with the debates promoted by popular entities that organize collectives and individuals in a network for an intracontinental reformulation of drug policies, such as the Brazilian Platform for Drug Policy (PBPD) and the Black Initiative for a New Drug Policy (IN). Such entities organize and compose, in Brazil, the popular demand for the elaboration of policies to guarantee human rights and health care in freedom for people who use drugs, and not of "public security" (read "repression") and "justice" (read "penal selective") that ends up limiting, incarcerating or ending the existence of people who use drugs. The manifesto "*In the War on Drugs, you also a victim*" brings together and synthesizes, in one of the spheres of political organization of the Brazilian popular-democratic field, the demands of different members of social movements organized in Latin America and the Caribbean in favor of a drug policy that favors life and not genocide (IN; PBPD, 2022).

Ending prohibitionism, the "war on drugs" and all its socio-political developments is a current challenge, including within the field of drug education in school contexts, abolishing the supposed care offered by drug use prevention programs based on punitive moralisms. This is close to what authors from the field of prevention science define as a strategy of "quaternary prevention" (Depallens et al., 2020): reforming the education of health professionals (medicine, nursing, nutrition, psychology, among other classes) who work with people who use drugs may be essential to ensure that prevention actions, programs and policies are properly implemented in their ethical and political congruences.

4 "NO TO DRUGS": LIMITATIONS OF PREVENTIVE PROGRAMS BASED ON THE PROHIBITIONIST PERSPECTIVE

In Brazil, for almost two decades, the PROERD initiative (Educational Program for Resistance to Drugs and Violence) has coexisted with the proposals of Harm Reduction and psychosocial care, which consists of offering in schools, from the 4th to the 9th grades of elementary school, expository lectures given by uniformed police officers. These lectures usually expose the damages resulting from drug abuse and dependence, using as the main intervention the explanation about the functioning of these substances in the body, the effects generated and the potential associated risks. In the state of São Paulo alone, PROERD has been applied to more than 10 million children and adolescents throughout its history, and today in Brazil it is the most prevalent drug use prevention program in schools in the country (Valente, Galvão, Gusmões, & Sanchez, 2022).

According to previous studies, such as that of West and O'Neal (2004), Valente et al. (2022) conducted a systematic evaluation of articles that reported results from different versions of Keepin'it REAL (kiR), including DARE (Drug Abuse Resistance Enforcement)-kiR, the American version of the program on which PROERD was based. The researchers concluded that none of the studies presented consistent evidence of the success of the interventions proposed by the program. In a randomized clinical trial involving 30 public schools and more than 4,000 students, no evidence of PROERD's efficacy was found. Contrary to expectations, it was observed that participants who made heavy alcohol consumption were more likely to maintain this pattern (Sanchez et al., 2021). At least for one school age group (5th grade), PROERD presented results that suggested its abandonment and replacement, as it is an ineffective prevention action. For the 7th-grade curriculum, there was evidence that the approach reduced drug use in this age group, even if qualifications were required (Valente et al., 2022).

Factors such as the idiosyncratic characteristics of individuals in certain age groups can be both protective and vulnerable. Openness to the new and curiosity in childhood and adolescence are examples of this. Curiosity is a human characteristic appreciated and stimulated, especially in the first years of life. Among children, adolescents and young people, this desire to know the new or the forbidden is even more present and can be harmful if it is related to the consumption of alcohol and other drugs. In these situations and age groups, the negative effects of actions such as those proposed by PROERD can instigate curiosity about the effects of drugs in experimental uses of substances with psychoactive properties and may incur *indirect stimulation to drug use* and move away from a preventive action (Valente et al., 2022).

Knowing, for example, that early use and abuse of alcohol are associated with a varied amount of social and individual damage, which can have negative consequences for the cognitive, emotional and social development of individuals, is extremely important for the population of adolescents and young people. However, the degree of depth, detail and form of presentation of this information needs to be directed to the appropriate target audience, to promote effective preventive actions – a point at which PROERD has been shown to fail children of certain age groups.

Considering that the prevention of drug use is an initiative that demands the involvement and active participation of children and adolescents, families, communities and socio-educational institutions, what ethical principles should be assumed for the care of people who use drugs? How to propagate an effective culture of prevention of early, harmful and problematic uses, including dependence, considering the diversity and specificities of contexts and realities? What modalities of programs can contribute to the formulation of ethical guidelines for a new culture of prevention practices in school contexts?

5 BRAZILIAN INITIATIVES TO PREVENT DRUG USE IN SCHOOL CONTEXTS AND INTERTWINING WITH ETHICAL PRINCIPLES OF HARM REDUCTION AND EVIDENCE-BASED PRACTICES

Helping people and protecting communities should be the main objective of preventive programs (UNODC, 2014). To this end, international guidelines on prevention aim to facilitate choices by people and groups about what kind of relationships individuals establish with each other and with the world. Since one of these possible relationships is the use of drugs, one of the objectives is to avoid or delay the occurrence of consumption, and to mitigate possible associated social and health risks. Thus, according to the guidelines of UNODC (2014), the emphasis of prevention strategies should be on the expanded existential relationship that human persons can have with each other and with the world, they inhabit and modify, focusing on the promotion of resilience, autonomy and potentialities of the subjects for the construction of life projects, to guarantee individual and collective well-being.

Currently, national and international evidence produced by different scientific sectors dedicated to the study of drug use, Harm Reduction and health promotion indicates that all health prevention action must be articulated in a wide network of institutions, equipment and care devices (Dalbosco, Veiga, & Sudbrack, 2019; Silva et al., 2021; Surjus & Passador, 2021). Therefore, although informing adolescents and young people is a fundamental part of the drug use prevention process, the actions should involve the broad participation of school actors, family members and community members. In addition, the programmatic curricula must contain adequate information for each moment of the development of the students, with a pedagogical project that is indispensably sensitive to the community territory, to effectively map the sociodemographic characteristics on which it will focus. In this sense, therefore, drug use prevention programs in school contexts should offer basic and conducive conditions for socio-community bonding, active family participation in daily school life and basic health monitoring integrated with curricular actions at school (Andreoli, Moreira, & Silveira, 2006; Cordeiro, Silva, & Dalla Vecchia, 2016; Dalbosco et al., 2019; Faria, Faria, & Tófilo, 2014; Moreira, Vóvio, & De Micheli, 2015; Müller, Paul, & Santos, 2008; Paz et al., 2018; Ronzani, 2013; Surjus, Pupo, Guerrero, & Scafuto, 2018).

Although we take into account the UNODC International Guidelines on the Prevention of Drug Use (2014) as valid for the implementation of drug use prevention programs, such guidelines do not seem to be sensitive to the context of widespread fragility in Brazilian society. Instead of adapting foreign programs

to Brazilian contexts, strategies and initiatives for the prevention of drug use based on expanded popular participation in the community territory where students are inserted seem to be more successful in the national territory, from the formulation and implementation of public policies to their effective continuous evaluation and qualification.

In a study evaluating the implementation process of the #Tamojuntó 2.0 Program in three Brazilian cities, Melo et al. (2022) pointed out different barriers, which involved the complexity of the program being applied in daily life, the cultural differences of difficult adaptation and basic issues of the support of other public policies and their respective equipment to the school environment as a health care device in the field of primary health prevention, especially concerning the prevention of drug use. Also pointed out, issues of deficient basic school skills and the absence of students in school are presented as a chronic problem of public schools in Brazil and Latin America, demonstrated also by results of other literature reviews.

Medeiros, Pereira, Schneider and Sanchez (2018), in a study on the perception of the school community about the implementation of the first version of the program, already indicated weaknesses, such as difficulties in the time application of a class of the program and the lack of support of school management in offering/guaranteeing basic material resources for the execution of activities, although they have highlighted, as a potential of the initiative, improvements in the relations of coexistence between teachers and administrators. The study also found that the training and discipline of students, as well as the proper fulfillment of the regular curriculum, were difficulties that affected the entire school body. Both studies on the #Tamojuntó program (initially only *Unplugged*) richly describe the data collection procedures and refer to the documents involved in the original formulation of the action, as well as its adaptation to the Brazilian context.

Silva et al. (2021), when conducting an integrative literature review, suggest the absence of prevention programs as integral parts of school curricula. The authors conclude, when considering the experience reports analyzed, that the actions of prevention of drug use in schools were carried out not by publicly formulated prevention programs, but by projects linked to local public and private universities, in addition, to eventually not describing details about the actions carried out – which hinders the analysis and reproducibility of the actions – and do not include the active participation of family members or the protagonism of professionals Educators.

In contrast, Padrão, Tomasini, Romero, Silva, Cavaca and Köptcke (2021) demonstrated that peer education devices can be more effective in facilitating the active engagement of adolescents and young people in drug use prevention actions. In a course offered to high school students in Brasília, aged 15 to 19 years, dropout was low (the study began with 72 students and ended with 60). Among the factors that made the formative experience possible, the offer of transportation, food and a scholarship stood out, "which provided indispensable material conditions to keep students linked to the course until the end" (p. 2765).

Caron and Machado (2021), when examining the implementation of the Elos Program, in the years 2013 to 2017, in three schools in the metropolitan region of São Paulo, pointed out that partnerships between

teachers, by instituting processes of continued requalification in the implementation of a drug abuse prevention program, can favor the effective participation of students. The development of healthy relationships between peer students and between educators-learners is a primary target for the universal prevention of drug use.

The use of games seems to favor this social process of creating healthy bonds, as Monteiro, Oliveira, Belian, Lima, Santiago and Gontijo (2018) demonstrated. The authors described how the use of a "serious game", DECIDIX, favored different learning processes and emancipatory training in the community by articulating integrative actions between education and health, including professionals from the Family Health Support Centers (NASF), Basic Health Units (UBS), school and the participating adolescents themselves, who were 13 to 17 years old.

Integrating the action of public policies of different sectors of the executive power, such as health and education, or even social assistance and housing, weaving careful articulations with sectors of the judiciary and legislative power, can generate significant impact in vulnerable territories, while actions aimed in isolation at "preventing drug uses" do not seem to have the same capacity (Alves, Pereira, & Peres, 2020).

A study not specifically directed to the area of education, conducted by the Black Initiative for a New Drug Policy in 2021, also reiterated the importance of the intersectoral and interdepartmental perspective of prevention and treatment programs in the area of drug use. The research sought to evaluate the financial investment, policy outcomes and initial programmatic objectives of the De Braços Abertos and Redenção programs, two public policies aimed at the Luz region in São Paulo, respectively implemented and maintained between 2014 and 2016 and between 2017 and 2020. It was observed that, despite similarities in intersectionality, the Open Arms program had an avowedly public intention to offer care to all, regardless of substance use. On the other hand, the Redemption program intends to invest in a palliative health care offering, with emphasis on reducing the number of drug users without investment and innovation goals in the area. Moreover, although it is a study conducted in a different context of a school environment, it is evident how different conceptions and discursive practices impact the formulation and management of public policies directed to people with needs arising from the use of substances.¹

Returning to the field of education, another initiative that aimed to integrate different sectors of the executive branch in a national action to prevent drug use was the "Drug Use Prevention Course for Public School Educators" (Ministry of Justice, 2014), which started from ethical perceptions about students as developing subjects with the potential to transform their realities – including the relationship they establish with drug uses in their communities. This initiative was evaluated in the research of Monteiro, Gomide, Costa, Silveira and Ronzani (2018). This study found indications of an effective sensitization of the participants on the subject, demonstrated by the variation in the perception of the frequency of facilitators

¹ The Black Initiative is the first black organization of Brazilian civil society that acts in the construction of a racial and economic justice agenda based on the reform of drug policy.

and barriers to the prevention of drug use. However, the degree of breadth of participation of school actors proved to be a hindering factor in the analysis of the impact of the action. The researchers concluded that, in practical terms, continuing education as a coordinated strategy for training professional educators on problems relevant to Brazilian social education, such as the use of alcohol and other drugs, is necessary to ensure the quality of prevention strategies that should compose pedagogical programs in Brazilian schools.

Although the absence of installation of so-called evidence-based practices in the field of health prevention can be pointed out as a valid indication of the absence of humanized care (Souza & Ronzani, 2012), numerous other barriers to the implementation of preventive practices in the school context seem to persist, especially about the agreement between the population and public managers for the development of health actions involving different community actors, in addition to the fragmentation of care (Peres, Grigolo, & Schneider, 2017).

The evidence from the studies presented here indicates that in Brazil it is necessary to redirect the resources and efforts of civil society in its different public institutions, professional classes and autonomous organizations to address the issue of drug use as an unfolding of more fundamental social crises. For an effective prevention policy, it is necessary to incorporate existing community provisions, ensure fundamental rights, educational and professional inclusion, and broad participation in the formulation of preventive actions (Dalbosco, Veiga, & Sudbrack, 2019; Pedroso et al., 2019; Reichert, Silva, Andrade, & De Micheli, 2019).

It should be noted, however, that since 2016, there have been numerous setbacks in drug policy conducted by the Brazilian Federal Government in the M. Temer administration and, later, by the government of J. M. Bolsonaro. In 2019, there was the suppression of the National Harm Reduction Policy through Decree No. 9761/2019, making abstinence the main approach strategy for the "new policy" of drugs, to the detriment of humanized care practices based on the guiding principles of Harm Reduction. These setbacks and dismantling in public policies have advanced what can be understood as a psychiatric counter-reform of moralistic and punitive content (Cavallari & Pollo-Araújo, 2021; Lima, 2019; Nunes, Lima Júnior, Portugal, & Torrenté, 2019; Reichert, Silva, Ronzani, & Amarante, 2021; Surjus et al., 2018). The pandemic incidence of COVID-19 in Brazil, combined with the dismantling of public policies based on psychosocial care and popular-democratic control of healthcare devices, demand intense efforts by the scientific community and civil society to reverse themselves.

FINAL CONSIDERATIONS

Drug use is a complex issue that requires innovative and participatory pedagogical practices to overcome the repressive model of prohibitionist policies. Therefore, it is necessary to consider the various realities and relationships established, since this relationship is multifactorial, encompassing biological, psychological, social, community, cultural and political aspects. Therefore, drug use prevention programs

in schools should consider, in addition to the singularities and individual needs of the subjects, the specific characteristics of the territory where the institutions are located, as well as use strategies of connection with the community to promote network care.

Educating children, adolescents and young adults for their full cognitive, emotional and social development and the exercise of their autonomy and citizenship requires overcoming individual, social and programmatic vulnerabilities, which require comprehensive interventions, including prevention, support and humanized treatment, considering the autonomy, freedom, and protagonism of individuals; access to fundamental rights; social protection; strengthening of socio-family ties; and inclusion in the educational, professional and political fields. These safeguards are critical to allowing people to make assertive choices and establish beneficial relationships, including those related to substance use.

Therefore, scientific knowledge is one of the keys to the development of preventive actions, avoiding isolated actions and without indicators of effectiveness. In this context, Harm Reduction emerges as a care technology in the field of psychosocial health care, aligned with the principles of Evidence-Based Practices, to the extent that: a) it primarily involves users as protagonists, considering their territorial, community and sociocultural reality; b) it values the production and exchange of knowledge and information between peers for the resolution of individual and collective problems, including potential social and health risks and harms related to drug use; and c) prioritizes autonomous choices of individuals about themselves in the design of their interventions. In this sense, the International Harm Reduction Association (IHRA, 2010) defines Harm Reduction as a set of policies, programs and practices that aim to reduce the social, economic and health damage of individuals and social groups. According to IHRA, these actions must be evidence-based, safe, effective, viable and low-cost, and must consider the uniqueness of people and the social and cultural particularities of contexts.

Therefore, Harm Reduction can be characterized as a broad field of production of knowledge and actions that offers conditions for overcoming repressive, ineffective and ineffective approaches, as it is based on the principles of ethics, bioethics and human rights, as well as aligns with the principles of Evidence-Based Practices, since it seeks to identify the best available evidence for the joint and collaborative construction of humanized approaches; considers the subjective aspects, the specific needs and the singularities of the subjects served; and covers the social, cultural and political dimension of substance use, recognizing its complexity, multifactorial and pluridimensionality.

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