

# red maré

## “MY NAME IS NOT *CRACUDO*”

THE OPEN DRUG SCENE ON FLAVIA FARNESE STREET, MARÉ, RIO DE JANEIRO

SUPPORTED BY:



COORDINATION:





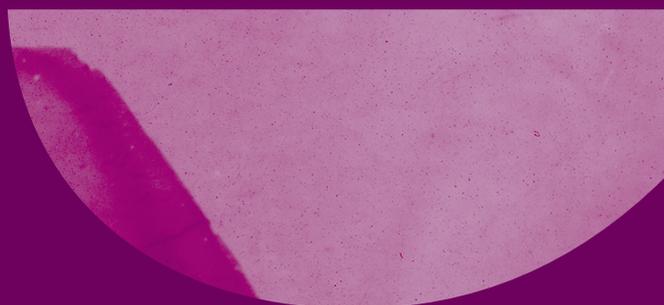
MY NAME IS REGINALDO  
GOMES DE ARRUDA, I AM  
A CRACK USER AND WANT  
TO BE CALLED BY THE NAME,  
NOT AS A "CRACUDO"  
(CRACK ADDICT).

[ DWELLER AT THE FLAVIA FARNESE  
DRUG SCENE ]<sup>1</sup>

1. The title of this article is inspired by the speech of Reginaldo and in the article entitled *Nice to meet you, my name is Reginald, not "cracudo"*, by Rosilene Miliotti, published in the Maré de Notícias newspaper 09/29/2015, which was second place in the Gilberto Velho award, for Media and Drugs, 2015 (available on <http://redesdamare.org.br/blog/noticias/prazer-meu-nome-e-reginaldo-nao-cracudo/> Last access: 12/15/2015). Besides Reginaldo, who chose to be identified, the names of all residents of the scene cited in this work are fictitious.

## ABSTRACT

In 2015, Redes da Maré developed an approximation process to the drug scene in the Flavia Farnese street, in Maré, atypical in Rio de Janeiro for its geographical and demographic stability. Combining a participant observation, the creation of ties, intervention, institutional articulation and semi-open interviews with 59 of about 80 residents of the scene, we tried to get the profile and identify the demands of residents, understanding the incident dynamics in the space they occupy and mapping assistance policies operating there. A converging point of urban social problems and with a context marked by various types of violence, discrimination and marginalization trajectories, the study of “cracolândia” reveals the urgent need for integrated public policies, capable even of expanding damage harm reduction practices beyond those directly related to drug use. It also reveals the importance of mediation of an organization of the integrated civil society in the territory, to articulate the demand and supply of public policy, and facilitate the development of sustainable strategies of care, for drug users living on the streets.





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## INTRODUCTION

The so-called “cracolândias” as true hell on earth became a currency in Brazil: dens of “zombies” guided by drugs, violent, unpredictable, disgusting and devoid of any ability to choose or judge. Labels that generate fear and distrust, and provide the ideal breeding ground for conservative strategies committed to hiding social problems or trying to eliminate them through repression. The lack of knowledge on these spaces and on its occupants plays a central role in the reproduction of stereotypes. In turn, the prejudice, fed by the lack of knowledge, becomes a central part of the problem, adding to the already extremely high social vulnerability of drug users living on the streets the stigma that closes doors, reduces alternatives and blocks horizons. Deconstructing clichés around the “cracudos” and “cracolândias (crack lands)” is, therefore, an essential task if we want to effectively pave the way to deal with population issues related to the homeless and drug abuse in the country.

The survey, whose results are presented here, is a process of approaching the residents and attendees of a crack scene of the city of Rio de Janeiro, atypical for its longevity and stability. Located on Flavia Farnese Street, at Parque Maré - one of the 16 communities that make up the so-called Complexo da Maré, in the Leopoldina region, north of the city - this scene has been established territorially and demographically since 2013. The process was developed and conducted by the Association Redes de Desenvolvimento da Maré (Rede da Maré which means Maré Networks), in partnership with the Security and Citizenship Studies Center (CESeC), with the Parque Maré Residents Association and the Interdisciplinary Center of Action for Citizenship (NIAC/UFRJ). It combined a participant observation, intervention and institutional coordination in order to get to know the socio-demographic profile of the group, understand the relational and territorial dynamics constituting the drug scene, map the institutions and forms of assistance to the local population, get to know and analyze the main demands of the residents, and offer them some experiences that could propose time frames and different sociabilities.

From February to July 2015, the research team regularly visited the Flavia Farnese drug scene (for convenience, here in after referred to as CCFF for *Cena de Consumo da Frávia Farnese*, in English Flavia Farnese consumption scene), informally chatting with locals, attendees and attention and care professionals to drug users living on the streets conducting interviews; applying half-open questionnaires and observing the local dynamics.<sup>2</sup> At the same time, strategies and spaces have been developed for the establishment of other forms of interaction between the team and the group of residents, able to trigger other subjectivities and representations in addition to the “cracudo” identity: photographic meetings, production of images (pinhole and videos), film sessions, *capoeira* sessions and visits for lectures and shows, assistance for enrollment in courses offered by local institutions, conversations with Maré professionals seeking to discuss the issue of drugs, approach to the *Maré de Notícias* community newspaper staff to the residents of CCFF and facilitation of dialogue between bodies assisting drug users were some of the most important developments of the intervention research whose results are briefly exposed below.

2. More detailed information on the methodology adopted in the field work are in the full report of the project entitled “Drug policy reflections from the perspective of a drug scene in Maré: the case of Flavia Farnese scene”, Rio de Janeiro, Redes da Maré/CESeC, November 2015.

## TERRITORIES IN MOTION: THE SCENE OF FLAVIA FARNESE STREET AND THE PUBLIC SAFETY OF RIO DE JANEIRO

The fixation and itinerancy of crack use scenes and their users in Rio de Janeiro are directly related to public safety agenda and the urbanistic works by PAC-Favelas, as well as to specific arrangements in the territories where such scenes are established. Unlike the case of São Paulo, where there is a large concentrations of crack users in the central area of the city, Rio is characterized by open drug scenes located, mostly in outlying areas within or in the vicinity of slums and along railway lines in the north of the city. In 2015, the Municipal Social Development Department identified 18 scenes in the region, whose locations are explained by the ease of access to drugs through negotiation with local armed criminal groups, by the “invisibility” of spaces and/or by the lower and less systematic intervention of public safety agents.

From 2008, however, the implementation of the Pacifying Police Units (UPPs) at various slums generated an intense movement of the crack scenes around the city of Rio de Janeiro, since the so-called “pacification” almost invariably led to the eviction of “cracolândias” existing inside or around the territories to be occupied by UPPs. This is what happened successively to drug scenes of Pavão-Pavãozinho in 2009; the Complexo do Alemão and Tabajaras in 2010; Mangueira in 2011; Santo Amaro, Arará, Manguinhos and Jacarezinho in 2012. As pointed out by Frúgoli Jr. and Cavalcanti,

These are considerable flows of users who, driven out of areas where the process of “pacification” is started, redo their routines and resume territory efforts associated with the constant practice of drug use in new spaces. The very itinerancy of these territorialities ends up producing in those who before were in those places the feeling that cracolândias quickly and spontaneously spring up in interstitial spaces, even though what is observed in the Rio case are displacements of practices, agents, routines and sociabilities anchored in crack use, in addition to the regions in which the policy of ‘pacification’ rules”.<sup>3</sup>

In the case of Maré, this movement becomes more apparent after the installation in October 2012, of Manguinhos and Jacarezinho UPPs, covering the area where at the time stood the largest “cracolândia” of Rio de Janeiro. It is when there is a considerable migration of crack users in this area to the shores of Avenida Brasil, in the vicinity of Parque União, belonging to the set of Maré slums, which would form the new “fashion scene” from the end of 2012.<sup>4</sup>

In contrast to the typical scenes of Rio, the high visibility of this consumption space, installed in one of the major expressways in the city, drew the attention of the press and residents who began to request from the authorities “solutions” to the issue. As stated by Taniele Rui, the appearance in the public space of a “considerable number of individuals who with their bodies, movements and unusual occupations now become visible to the city, encourage the production of different apparatuses of management, treatment and care”<sup>5</sup>. But it is the attempt of removing it from public visibility that seems to constitute one of the drivers of strategies targeted to the crack users living in open scenes.

3. FRÚGOLI JR., Heitor; CAVALCANTI, Mariana. Territorialidades da(s) cracolândia(s) em São Paulo e no Rio de Janeiro. *Anuário Antropológico 2012*. Brasília, UnB, 2013, v. 38, No.2, page. 76 (available on [http://www.dan.unb.br/images/pdf/anuario\\_antropologico/Separatas%202012\\_II/Artigo%20Frugoli%20Jr.%20e%20Cavalcanti.pdf](http://www.dan.unb.br/images/pdf/anuario_antropologico/Separatas%202012_II/Artigo%20Frugoli%20Jr.%20e%20Cavalcanti.pdf). Last Access: 11/20/2015).

4. “Fashion Scene” is an expression heard during fieldwork to designate the “cracolândias” more in evidence at the moment, or due to the large number of users, or by the public visibility, or also by the higher vulnerability of residents, which causes public services available, always at the waning of resources and personnel, to “migrate” in order to meet these residents, reducing their presence in more stabilized drug scenes or “fashion output/abandonement”.

5. RUI, Taniele Cristina. *Corpos Abjetos: Etnografia em cenários de uso e comércio de crack*. PhD in Social Anthropology. Campinas: IFCH/Unicamp, 2012 (available on [http://www.neip.info/downloads/Taniele\\_Rui\\_Tese.pdf](http://www.neip.info/downloads/Taniele_Rui_Tese.pdf). Last Access: 20/11/2015).

Thus, by the end of 2012, operations of “Order Shock” from the Public Order Municipality Department (Seop) and joint actions with Comlurb, with the support of the Municipal Department of Social Development, sought to remove the drug scenes from Avenida Brasil/Parque União, through collection, compulsory internment or simple eviction of residents and regulars from the site, in often violent interventions. The intention was to, above all, put an end to the “urban disorder” and fight crimes attributed to “cracolândia” that victimized pedestrians and drivers on Avenida Brasil. Alongside the coercive interventions, however, there was the rise, in this area and in crack scenes, the rise of institutions and care and health services targeted to the population living on the streets and using drugs, based on the care and guarantee of rights, which come to complete the actions by the *Consultório na Rua* (Street Clinic) installed in Mangueiras since 2011: the project named *Proximidade* (Proximity), by SMDS, created in February 2014, and the CAPSad III Miriam Makeba, started in April 2014.<sup>6</sup>

Institutional agents heard by the survey estimate in about 500 people the number of locals and attendees of the Avenida Brasil/Parque União scene in 2012. The successive interventions of public safety agents and the wide dissemination of this “cracolândia” also aroused concerns in armed criminal groups, which fearing risks to control the areas under their influence and possible damage to the drug trade, “banned” at first, the sale and crack consumption in the Parque União slum. But, from a negotiation between these groups and the local Residents Association, the drug scene was transferred to a limited space inside the Parque Maré. Not exactly “inside” as the installation location was in a nearby corner of Avenida Brasil, in the commercial area, in the residential one limit. And anyway, an unstable “inside” at the boundary between territories controlled by two rival criminal groups.

The arrangement found for the permanence of the scene in Flavia Farnese occurred with the accountability of the Parque Maré Residents Association for the control and assistance to crack users installed there. During 2013, the approximately 500 attendees of this drug scene shifted between the streets 7 de Março and Flavia Farnese, at the corner with 29 de Julho. Such wanderings are explained both by complaints from merchants, who precluded the permanence of users on 7 de Março during the day, and by the location of Flavia Farnese in the firing line between two rival criminal groups, with high risk of clashes and shootings during the night. Residents report that in this period, they would daily disassemble and reassemble shacks, staying in Flavia Farnese until the end of business hours and moving to spend the night in greater safety on the street called 7 de Março.

With the entry of the armed forces at Maré, in April 2014, clashes between armed criminal groups are considerably reduced, which paradoxically contributes for fixing the drug scene and its internal organization. Unlike what had been occurring in the area of UPPs installation, the military occupation of Maré between April 2014 and May 2015 did not involve the removal of the crack consumption scene, as early users feared. Whether by the dialogue of the associations of local residents and of Redes da Maré with the command of the occupying troops, or for the fact this occupation did not have the immediate objective of combating the sale and consumption of drugs, but the control of the territory for later installation of UPPs,

6. See, below, the description of these projects and services in the “Assistance and care policies”.

7. On 01/11/2011, a photo published by the Rio de Janeiro newspaper *O Dia* showed a large banner reading “Here, at the Parque União community there is no crack sale anymore”.

the permanence of crack users and their fixation on a corner of Flavia Farnese Street became possible. Since the end of 2014, however, the progressive output of the Army and the opening of UPPs in the first half of 2015 were announced. It was in this period of great uncertainty about the future of the Maré drug scene that the research herein reported was developed, whose interviews and observations captured strong apprehensions of users with respect to the input of the UPP, based on previous experiences of deterritorialization. This entry, however, was successively being postponed, and until the time of writing of this paper (February 2016) it had not been implemented yet.

The process of fixing the CCFF is due, in short, to the complex combination of the following factors: (a) transfer to a relatively “invisible” location within Maré; (B) “management” and mediation of the Parque Maré Residents Association; (C) entry of the armed forces; (D) setting of the scene by the armed criminal local group. And also other aspects that will be addressed later, such as (e) organization of the scene around internal leaderships and (f) strong presence of residents with previous links with the Maré.

Since January 2013, the CCFF has constituted a fixed consumption space in a perimeter of approximately 80m<sup>2</sup>, which is the home to a number of people who ranged, in the survey period, from 80 to 100, including regular locals and attendees. In July 2015, in the last survey, we identified 83 people, of whom 42 were living in the 16 existing shacks, 21 lived in the scene but had no shack and 20 regularly attended the place. From these 83, 59 responded to most of the questionnaire-interview questions applied during the survey.

## PROFILES, BONDS AND TRAJECTORIES ON SCENE

### AGE, GENDER, SCHOOLING

Residents of Flavia Farnese are mostly young adults with an average age of 31.5 years old. Almost half is in the range from 20 to 29 years and 74% are 20-39 years old.

There is practically a parity regarding the gender of 59 residents interviewed: 28 women and 31 men, confirming the results of some surveys on the general profile of cocaine and crack users, but contradicting the ones that point a strong male predominance in open drug scenes, as the national survey of Fiocruz, which estimates in about 79% the proportion of male users in these locations.<sup>8</sup> Even in the group of 107 people that could be observed during the survey, including those who did not respond to the questionnaire, the male predominance was found to be relatively small: 62 men, or 58% of the total.

Blacks and browns are often over-represented in groups and socioeconomic situations of vulnerability, and the scene of Flavia Farnese is no exception: 30% of self-declared black, 53% of brown, 25% white and 2% indigenous make up the racial profiling of the residents. Low education also characterizes the population under analysis: 86% of respondents had a educational level lower than high school degree – a quite higher proportion than that seen in the whole Maré population aged 16 or older (68.2%) and much higher than that recorded in the whole of Rio's population aged 15 years or older (47.8%).<sup>9</sup> Almost half of the residents of the CCFF (46%) had not even completed primary education, while this share was 28.1% in the total population of the city aged 15 years or older, according to the 2010 Census.

### FAMILY TIES

With regard to marital status, 61% of respondents reported being single; 23 people said they “live as being married” or “being married” and, of these, only one said that the spouse did not live at the CCFF. The field team identified 12 couples who have remained stable throughout the study; all they had met on previous drug scenes or in the Flavia Farnese itself. Of the 59 interviewees, 47 said they had children, with an average of two children per inhabitant. Of those who had children, 32 said they maintain some kind of relationship with them, but only in one case the child also lived in the CCFF. Underage children often live with close family members, especially with aunts or grandparents. In addition to the children, another important family ties that 22 respondents stated was the one they kept with their mothers.

The vast majority of the residents heard more systematically in the survey – 55 out of 59 – had not completely broken family ties and declared to have visited or been in contact with member(s) of the family during the survey period. For some, the close relatives' house is a possible return place even if this return, in most cases, is not devoid of tensions and conflicts.

8. BASTOS, Francisco Inácio; BERTONI, Neilane (orgs.) *Pesquisa Nacional sobre o uso de crack: Quem são os usuários de crack e/ou similares do Brasil? Quantos são nas capitais brasileiras?* Rio de Janeiro: Editora ICICT/Fiocruz, 2014, page 48 (available on <http://www.icict.fiocruz.br/sites/www.icict.fiocruz.br/files/Pesquisa%20Nacional%20sobre%20o%20Uso%20de%20Crack.pdf>. Last view: 11/20/2015).

9. O percentual relativo à Maré foi obtido de dados preliminares do Censo Maré 2015; o da população carioca é do Censo Demográfico 2010, do IBGE.

Residents often refer to temporary stays at home as “family spas”, where they will go to give their bodies “a relief”, to “recover energy “and” gain weight”. This goes against the “cracudo” stereotype – or, more generally, the person on the street – as someone who has broken or lost all his or her emotional and social bonds. In addition, the cases of users who use the “family spa” indicate a certain concern about the health and control over drug use.

One cannot minimize, on the other hand, the complexity of family relationships characterized by long periods of absence and violence, as exemplified by the case of Vivian,<sup>10</sup> 21 years old, homeless since seven when she fled of the successive physical punishments by the mother. At the time of the survey, the mother took care of Vivian’s son, the two regularly communicated by phone and Vivian occasionally sought shelter at home, but as the field team could witness once, these “comings and goings” were subjected to harsh complaints by the mother, Mrs. Mary, who, besides the grandson, took care of eight children. Another type of tension, responsible for the short-lived “spas,” is illustrated by Zelia as she reports: “as soon as I get there [at her sister’s house], everyone hugs and kisses me, but then the demands begin, they want me to stop using [crack], get back to work, and for that I get back to the street”.

Among the residents who have family members in Maré, we observed a high frequency, often daily, of returns to the house of these relatives for them to eat, rest and have basic needs satisfied. This is the case of Eduarda, that even having a shack on the site, goes every day in the morning to her mother’s house to sleep, take a bath and eat, returning to the drug scene in the late afternoon. These examples reveal, on one hand, the maintenance of strong ties and, on the other hand, a large ambivalence, constituting the family at the same time in a care and conflict space: possible retreat and refuge, but also a reason to stay on the street.

As for those who fail to maintain these ties, the self-reproof and shame can be weight factors, as in Reginaldo’s speech:

I can barely remember the last time I went home, I miss my son. My family knows I’m here, they have already come for me, but the shame of being what I am does not allow me to return. I am ashamed and disappointed with myself, of trying and failing. So I go home, I have to go back to being a ‘normal’ person, without the crack addiction. I just need a chance, to take my new documents and get a job. I will only leave here when I am able to support myself. [...] I do not want to get back to my family in the situation I’m in. They do not deserve it.

This moral disapproval can also reach the relatives, as expressed by the mother of one of the residents of the scene:

It is very tiring to know that he is there and I have to receive him every day, but worst of all is that the family itself and my neighbors judge me for that.

10. As previously said, all CCFF residents names mentioned in this article are fictitious.



THE TERRITORIALIZATION OF THE DRUG SCENE ON FLAVIA FARNESE STREET RESULTED IN A CONSIDERABLE **DEMOGRAPHIC STABILITY**: MOST RESIDENTS WERE ON THE SITE, IN A STREET SITUATION, SINCE JANUARY 2013 AND CONSTITUTED A SELF-PROCLAIMED CORE NAMED **'FOUNDERS OF CRACOLÂNDIA'**

## ORIGINS AND FLUCTUATIONS

Almost entirely, the inhabitants of the CCFF come from poor neighborhoods or slums in the metropolitan area of Rio de Janeiro: 52 of 59 respondents cited the north and west areas of the city or the Baixada Fluminense as areas where they were raised. Of these, 22 mentioned Maré as a place where they were brought up, that is, a significant proportion (37.2%) of the people interviewed were residents of Maré before becoming residents of the drug scene. This is another thing that goes against the social imaginary on the “cracudos” as totally foreign beings to the spaces in which they established themselves. And it also enables one to re-think of strategies to assist this population, both residents of Maré and institutional players operating in the territory.

The vast majority of respondents have already passed by other scenes (four on average), usually located in the north of the city. Many users already knew each other from previous scenes and, in several cases, had established ties and affinities called “street family”.

The main reasons given for choosing the CCFF were the affective and family relationships established there; the lower levels of violence and the peace of mind compared to the drug scenes or other previous places of residence, and previous relationship with Maré. The ease of obtaining and / or drug quality appears in fourth place among such reasons – again against the stereotype of the “zombies” driven solely by crack desire. This space, as many other ‘cracolândias’, is a community that is organized around crack use, but also for emotional relationships, sociabilities, experiences and coexistence.

Although there is no direct correlation between using crack and living on the street, the studies that focus on open scenes have much chance of finding a combination between drug abuse and homelessness, that is, of finding people who spend most of the time in this situation, either permanently, temporarily or intermittently. Indeed, in the survey on the Flavia Farnese scene, only four people said they were not on the streets at the time of the interview. Of the 59 interviewees, 76% were in this situation there for at least one year, and about 1/3 of the total had been dwelling on the street for at least six years.

A curious fact – which again contradicts stereotypes and clichés – is the presence of what could be called “property rights” or “right to housing” in relation to the existing shacks on the scene. Despite the fact that there was a flow of locals coming and going or who were expelled and did not return, of new residents and regular and irregular attendees, the territorialization of the drug scene on Flavia Farnese Street resulted in a considerable demographic stability: most residents were on the site, in a street situation, since January 2013 and constituted a self-proclaimed core named “founders of cracolândia”. For taking part in one way or another of the “struggles” to stay there and to achieve improvements in the space, they would consequently enjoy certain rights and privileges. Among them, the precedence in getting the shack – a right which, as will be seen below, not only affects the housing conditions, but also the income possibilities.

## INCOME SOURCES

The survey did not attempt to determine the income of the interviewees, a very difficult task in scenarios involving illegal activities, but sought to understand in what ways they met needs like food, clothing and personal consumption of drugs. Combining different answers to questions in the questionnaire, the following results were obtained:

- 31 of the 59 interviewees said they exercise some remunerated activity and 28 do not.
- Of the 31 with a remunerated activity, 17 mentioned informal and sporadic work (such as “mining”, *flanelinha*, repairs and sales), 12 women cited prostitution and two interviewees reported illegal activities such as robbery, theft and selling drugs as the main way of getting income.
- For ten residents, the main source of income comes from the possession of a shack where you can sell products, especially water and cigarettes, and which can be rented temporarily for visitors.
- Eight interviewees reported having their main source of income working as a small intermediate or “a scout” for drug trafficking at the CCFE.
- Seven residents said they essentially depend on a family or institutional support network and two said their income came mainly from retirements.

With all the caveats necessary for the treatment of responses involving admission of illegal activities, very often underreported, it should be noted the fact that a considerable number of residents resort to legitimate work, although informal, to get income. At least, that relativizes the assumption that, pressed by the “economic motivation”, the drug user would have no choice but the path of crime; in other words, that violence would derive directly from drug use. That does not mean that residents of the CCFE do not practice illegal and even violent activities to get money, but that even in an extremely vulnerable and marginalized population, as the users of crack on the streets are, this is not the only mean – and it is often far from being the principal one to finance drugs and other necessities of everyday life.

It is worth stressing the high proportion of women who allegedly make of prostitution their most important source of income: 12 of the 29 heard by the survey – data which reinforces the importance of a gender-specific approach in the assistance to this type of population. It also highlights in the universe studied a peculiar way to satisfy the needs, which is the commercial use or “leasing” of the internal space of shacks in which products such as disposable plastic cups (containers for crack cocaine use), single cigarettes or liquor are sold, and that can also be rented to visitors seeking privacy to use drugs or have sex. Such visitors usually reside or work in Maré and identify the drug scene as a free area for these purposes, being willing to pay for the temporary use of shacks either in cash or gifts like drugs, clothes and appliances.



THE FIRST  
**ILLICIT DRUG**  
WAS CONSUMED,  
ON AVERAGE,  
AT THE AGE  
OF 16 AND THE  
FIRST **CRACK**  
**CONSUMPTION**  
OCCURRED  
AT 21<sup>11</sup>

11. Inhaling substances manufactured with chemical solvents, benzene, ether and aromatic essences.
12. The question on the use of the first substance was open and did not have a prior relationship with licit or illicit drugs. For the sake of the almost complete absence of alcohol in the answers of interviewees, it appears that the great majority interpreted the question as directed only to the use of illicit substances.

It was observed in a general way that, in order to meet “legal needs” – food, clothing and others – interviewees declared more often sources of licit income, for example, donations, informal loans and jobs, while for the purchase of drugs they mentioned more frequently the resource to illegal activities (trafficking, robbery, theft) or legal ones but socially stigmatized, such as prostitution. The same individual can thus combine different ways of obtaining money or goods. The only uniform characteristic – except for the few residents who receive retirement – is the absence of sources of income arising from insertion in the formal labor market.

## DRUG USE PATTERNS

In the majority, the CCFF’s residents are poliusers, that is, they consume not only crack but other drugs: loló,<sup>11</sup> marijuana and cocaine are among the most frequent ones. Twelve of 59 interviewees reported using only crack. Only two people declare not to use crack; other two said they never consume pure crack, but only in the form of “zirrê” (mixed with marijuana) and five stated that the crack was not the drug they used most often.

The average time of drug use (illegal) is 15 and a half years. In the majority age group, 20 to 29 years old, the average time is 10.3 years.<sup>12</sup> The first illicit drug was consumed, on average, at the age of 16 and the first crack consumption occurred at 21. It should be noted, therefore, that there is a very long time between the consumption of the first banned substance – marijuana in most cases, thinner or glue – and the first use of crack. But when one focuses on the most frequent age group and excludes residents who were under 16 in 2000, when crack would have made its appearance in the Rio de Janeiro market, the transition time drops to about two years. This coincides with the reporting professionals CAPSad, who claim to have observed an average of two years between the first experience with illicit substances and what they call “uncontrolled use” of drugs.

The survey conducted in CCFF did not try to analyze the reasons nor quantify consumption, but only to know from the interviewees how they assessed their drug use: slightly over half (54%) said that they use them everyday, some always in the same amount (19%) and others, in varying amounts (35%). Of those who said they did not make daily use of the substances, 27% classified their consumption as “controlled” and 19% as “uncontrolled”.

Such categories, subjective, possibly do not converge with assessments based solely on volume and frequency of consumption. For example, when Joan says smiling that “she uses drugs to sleep and wakes up to use drugs” may raise an idea of “lack of control”; it was observed, however, that for most users at the CCFF, the intensive and daily consumption does not exclude the individual knowledge on effect and quantity of different substances, from which the shapes are chosen for use, either to intensify or reduce sensations, or to undo the effects of other drugs. It is what Rafaela exemplifies:

- I use crack but did not stop smoking pure marijuana, because if I did not smoke pure marijuana, I think I would be the worst of the worst, of the worst crack users. I would not be as I am today. That's why nowadays I smoke marijuana. It distracts a little and makes me miss a bit the notion of wanting to smoke crack.

The notion of “controlled” consumption is translation not only on the domain over the amount and effects, but also on the passage of periods “with no drugs” or “fewer drugs”. Out of the 59 interviewees, 49 claimed they had tried to quit or reduce consumption; among them, 27 said they resorted to some kind of treatment and 32 have tried “on their own” or with family help. As already mentioned, family ties directly interfere in self-care and in the pattern of drug use. Reginaldo, for example, reports a recent change in his crack use pattern, associated with health concerns and fear of death:

- Do not smoke as before. Today, since I woke up (at 8 pm) until now (16 pm) only smoked a stone. I smoked all the time, even if it was a five real stone. On the day I came to smoke four twenty-reais stones, five ten-reais and numerous five-reais ones. I spent, on average, more than 150 reais per day. I started to decrease some five months ago because of pneumonia. I did not know I was sick and still continued to smoke until I went to the doctor and he told me what I had. My cracolândia family helped me out. They denied me drugs and I knew it was for my good, but the will was great. I'm taking the medicine and I can tell you one thing, I'm afraid of dying, I have even dreamed about it. I think if I go back to smoking as before I'll die. I am a man of one meter and 75cm and before the crack I weighed 64 kilos, now I weigh 56, but I already weighed 49.

## EVERYDAY LIFE, SOCIAL CONTROL AND VIOLENCE

### EVERYDAY LIFE

In the CCFF, the week begins on Friday, a day of greater activity, increased consumption and increased number of visitors. The weekend is organized around the funk party at Teixeira Street, in Parque Maré, quite close to the crack scene. A fun time, but also of job opportunities and income: many residents of the scene are engaged in activities related to dancing, such as organization of parking or collecting empty bottles of ether spray, which are resold to people who trade drugs in the region. Many say they do not sleep from Friday to Monday, committed to have fun and create provisions for the rest of the week.

This temporality affects, among other things, the assistance to the different health institutions: CAPSad professionals, for example, see a greater rush Friday through Sunday, with the demand of patients who “seek to avoid the temptations of the weekend”; now, the one from the Street Clinic say the rush drops on Thursdays and Fridays, stepping up from Monday to Wednesday, when patients seek to “compensate excesses of the weekend.” Another impact of the rhythm of life of users is about the assistance hours: generally, the inhabitants of the CCFF do not wake up before 11 a.m. in the morning, precisely the period in which the health professionals and social assistance usually pass by the scene, finding them often newly awoken, immersed in sleep or still “collapsed” from the night before.

At noon, several locals eat lunch in the Popular restaurant or buy toasty warmers. In the afternoon, they will usually leave the scene to meet individual needs and desires: to work, eat, visit the family, go to a medical appointment, walk, buy drugs, get products for sale, “make some money”. When they are in the drug scene, they will stay within the shacks or in the one that is in front of them. They chat, listen to music on portable radios, play cards, rest or watch television. In the evening, the rush intensifies with the arrival of attendees and visitors.

One notes a certain spatial mobility within the drug scene, as if each person had a defined place: as it reaches the site, the research team almost always found the same people occupying the same places. This immobility is related to the property of a shack, with affinities between groups and “street families”, and the power relations established there. It is particularly visible in the case of shacks owners, who do not usually leave the scene in fear that their belongings and goods are stolen – insecurity that makes this segment more resistant to engage in activities outside the CCFF.



FAR FROM THE COMMON SENSE THAT SEES IN 'CRACOLÂNDIAS' SPACES 'WITH NO LAW', A FAIRLY RIGID SET OF RULES, HIERARCHIES OF POWER, RESOLUTION MECHANISMS OF CONFLICTS AND SOCIAL CONTROL PREVAILS AT THE FLAVIA FARNESE SCENE"

## THE SHACKS: PRIVILEGE AND CONFLICT

The territorialization of the Flavia Farnese drug scene materializes in the construction of demountable shacks, but structured ones, which testify the character at the same time fixed and temporary of the presence at the space. A space, as we have said, limited and non-extensible: the authorized area is approximately 80m<sup>2</sup> and within it there were, during the study period, 16 shacks in which 42 people lived. These shacks had varying sizes, but usually housed inside a bed or a sofa, a place to store belongings, photos or other objects of decoration and curtains to provide some privacy. All had electricity and some had stoves, TVs and stereos.

"Homeless" residents, about 20 people, sleep on the street in front of shacks or under an awning near the corner where the CCFF is. As the expansion of these buildings beyond the defined perimeter is prohibited, the setting tends to change along the time: shacks are divided and their owners redefined. It is a space that offers relative protection, privacy, comfort and consolidation of stay on site, as well as enabling an additional mean of income: only owners of shacks, as said before, can keep stalls for sale of goods and rent space for visitors. It is, in short, a rare, coveted and disputed commodity – a source of much of the conflict between residents of the scene.

Since February 2015, six owners of shacks were expelled from the CCFF. Such episodes generate two types of tensions: one inherent to the cause of the expulsion and the loss of friends; another one concerning the allocation of the released shack. The research identified Jorge, representative of the Residents' Association, as the main responsible for the distribution and the management of the waiting list. Their decisions, however, are not solitary nor arbitrary, but derived from negotiating with internal leaderships of the scene and with members of armed criminal groups operating in the area. Antiquity, health status, including situations of pregnancy, size of the "street family", proximity to leaderships and participants in the illicit drug trade are the main elements considered in the negotiations. But there are also 'historical' users that, even bringing conditions to plead for fixed housing, prefer not to do it just to not find themselves fixed in the condition of "cracudos (crack users)". The phrase "I do not intend to end my life here!", heard a few times during the research, somehow distinguished the residents who sought a permanent stay on the scene through the shacks possession from the ones who saw it only as a temporary stay.

## "LAWS", "AUTHORITIES" AND SOCIAL CONTROL

Far from the common sense that sees in "cracolândias" spaces "with no law," a fairly rigid set of rules, hierarchies of power, resolution mechanisms of conflicts and social control prevails at the Flavia Farnese scene. The problem is not the lack of regulation, but its often illegal character, based on the use or threat of use of violence.

First of all, as in the whole area under the control of armed criminal groups, there are the "laws of trafficking", which in the case of the crack scene acquire some specific connotations, sometimes even stricter than those applicable to other inhabitants: internal and external standards regulating behaviors, circulation of users,

relationships with Maré residents and marketers. Such rules and the corresponding punishments in case of transgression are well known to users of the CCFF.

The local “laws” distinguish “lighter” transgressions, such as not cleaning the shacks, the “most grievous” ones, like stealing and assaulting community residents. Three spheres of power active in conflict resolution or punishment of those who break the rules have been identified: (a) two female internal leaderships to the scene; (b) Parque Maré Residents Association and (c) the members of armed criminal groups that circulate and work near the scene. Offenses considered as “light” are usually mediated by internal leaderships, supported by Jorge, a member of the association and responsible for managing the space, while the “most grievous”, especially when they involve aggression and property violations to residents of Maré, must undergo the decisions of the armed criminal group. We will look more closely to the roles of each of these instances of power below:

- **Internal leaderships**

Founder of the CCFF and identified at first as the main local leadership, Joana is the one who receives visitors, institutions and researchers, and introduces them to “cracolândia”. It was through her that the team started the approximation process. Being 62 years old, Joana is one of the oldest residents of that space, being called “mother” or “grandmother” by users of the scene. During the survey, it was possible to observe the work of Joana separating fights or rebuking those who disrespected medical guidelines. But there was also another woman with an internal leadership role, recognized, especially by the residents in the scene background. Bianca, 30 years old, brought a history of ten years on the streets and a leadership experience in crack scenes in the north of Rio de Janeiro, in which she has always been “sponsored” by members of the armed criminal group active in the region, which occurred also in Maré during the survey period. Although not living permanently on the scene, she owned a shack where she would welcome friends and her “street family”. Bianca worked as a contact of the local armed criminal group, reporting violations of rules imposed by it, even when she maintained emotional ties with the author of the “lapses”. As she said, “no-one can protect those who lapse, whoever fails knows the consequences, and I cannot hide anything from the drug dealers, or I might be in trouble”.

- **“Management of users”: the mediation of the Association of Residents**

Important activist of AMPM and “manager of cracolândia”, Jorge played a central role, as we have seen, in fixing the drug scene on Flávia Farnese Street. He did not live on the scene, but attended it daily and there played the dual role of control/repression and care/protection. It was him who exercised not only the mediation between internal leaderships and the armed criminal group, but also the dialogue with public institutions and NGOs active in the CCFF. The vast majority of users recognized him as the leadership and it was through him that the research team was able to perform the approach and activities with the residents of the scene. During the development of the project, there were some mediations conducted by Jorge in defense of users.



AT THE TOP OF THE HIERARCHY OF POWER EXERCISED ON THE FLAVIA FARNESE CONSUMPTION SCENE ARE MEMBERS OF ARMED CRIMINAL GROUP ACTIVE IN PARQUE MARÉ, WHO USERS REFER TO AS THE 'GREATEST VOICE'

Evidently Jorge's relationship with the locals is far from being devoid of tensions and violence. In it is mixed recognition, affection, joke, disagreements and conflicts of greater or lesser severity. The mediating and "protecting" power exercising this leadership, self-proclaimed "master of cracolândia" is based on the confidence owned by the different segments that live in the region.

- **The "greatest voice"**

At the top of the hierarchy of power exercised on the Flavia Farnese scene are members of armed criminal group active in Parque Maré, who users refer to as the "greatest voice". The most expressive manifestations of this power are the spatial control of the scene and of the movement of its residents. We have seen that the definition of pervadable space, the building of shacks, the circulation of the slum residents and the punishment of the "more severe" transgressions are determined by the armed criminal group. Basically, users can walk around the main commercial streets to go to the "drug dealing spot" or even at Parque União, which is another drug scene in Maré, but are prohibited from entering the internal and residential streets, as well as using drugs, staying or sleeping anywhere outside the CCFF.

Failure to follow these rules usually entails physical and/or banishment "corrections". One can often observe in users mutilations and scars that may have various causes, such as trampling, fights and police violence, but come mainly from "corrections" applied by criminal groups that dominate the area. They work as well as brand-stigmata, or as per the local slang, "lease marks", which permanently inscribed in the body the punishment signal. Some scene residents flee before receiving the "punishment" to protect their bodies, avoid further stigma or even escape death. This is what happened, for example, to Japa, when one of the cars under his watch was broken into. Fearing being accused of theft, Japa fled and has ever since lived under an overpass, on Avenida Brasil: "I have live for 30 years on the street and have never had a lapse mark, it will not be now after an old age, that I will have one". Another case was that of Nélio, who preferred to take refuge in a military police vehicle at the entrance of Maré to face penalties of the armed criminal group, after a violent fight with another resident of the CCFF.

There is greater tolerance before the violations committed by the community's offspring, whether or not they use crack, dwell or not at the drug scene. For six months, the research team observed consequences of violations submitted to the judgment of the armed criminal group: 12 banishments and 13 "penalties", and the most severe of them was the stabbing of a resident of the scene accused of stealing a resident from Maré. The frequency of punishments – on average one per week – denotes not only the regularity of violations as the high level of violence to which the population of crack scene in Parque Maré is exposed.

Whether authors or victims, CCFF users show how complex the relationship between drugs and violence is. But there is no doubt, as emphasized by Minayo and Deslandes, that "the most consistent and predictable bond between violence

and drugs is in the illegal drug trafficking phenomenon” which makes of violence the primary mean to discipline the market and its players: “insofar as there are no legal resources to resolve disputes, violence or threat of violence are mechanisms to strengthen the social rules of trade in the illicit market”.<sup>13</sup>

The interference of the armed trafficking, which is already exercised in various ways over the entire population of the slum, is strongly exacerbated in the case of CCFF, whose residents combine homelessness and drug abuse. First, as a space defined by the drug scene and illegal, illicit or criminal activities; second, for the particular difficulty of this population to resort to any legal instances that in other cases, can mitigate or counterbalance the power of armed criminal groups: families, churches and public bodies, especially the police and the judiciary. The dual role of the local criminal group in relation to the consumption scene – protection and fixing warranty; repression and violence – generates mixed feelings in residents: only five interviewees admitted having “bad” relations with members of that group, although 19 claimed to have already suffered some kind of violence by them; 40 claim that the relationship was “good” and 13 classified it as “reasonable”. It can be said that there is tolerance of users to violent regulation, because they understand that it guarantees, either respect to the rules of coexistence, or the permanence of the drug scene at that location.

### REPertoire OF VIOLENCE AND VISIONS OF PUBLIC SAFETY

Of the 59 users interviewed in the survey, only 17 said they never experienced any of the types of violence provided in the questionnaire, since they moved to the CCFF. The other 42 reported 84 episodes, two per person on average: 14 women and 12 men reported spousal violence; 10 women and 16 men reported police violence; seven women and 12 men, violence of armed criminal group; 12 women and one man, sexual violence. As in other contexts, men are more exposed to certain types of violence and women to others. What is unusual in this case is the relative balance in the number of men and women victims of conjugal violence. This type of aggression rarely becomes interventions object: although the fights within the scene are “forbidden”, those that the place between husband and wife are not usually set apart or mediated internally, nor taken to external regulatory bodies.

Considering also that the attacks perpetrated by criminal groups do not admit “resource” to any higher court and that it is very unlikely that drug users on the streets find shelter in the formal justice when beaten by the police, it is concluded that more than half ( 45 in 84) of violence reported by the residents are out of any possibility of justice claim. In most cases, this claim is not even formulated: only 10 of the 42 people who said they had experienced violence complained or appealed to someone – trafficking, neighborhood associations, health institutions – seeking redress. A large portion of aggression experienced by residents scene escapes, therefore, from local regulatory mechanisms of conflicts.

13. MINAYO, Maria Cecília; Deslandes, Suely Ferreira. A complexidade das relações entre drogas, álcool e violência”. *Cadernos de Saúde Pública*. Rio de Janeiro, v. 14, No. 1, jan-mar, 1998, page 38 (available on <http://www.scielo.org/pdf/csp/v14n1/0123.pdf>. Last access: 11/20/2015).

Still, when questioned if they felt safe in the CCFF, 38 of 59 interviewees said yes, with a higher proportion of women (75%) compared to men (54.8%) who said they felt safe. When asked what would the place where they feel *safer* than at the scene be, the majority of both men and women mentioned family home.

As already said, people with the characteristics of the CCFF's residents have little chance of obtaining protection by formal bodies – except those specifically directed to the care of vulnerable groups, mostly in the areas of health and social care. Of public safety, particularly the marginalized and stigmatized segments usually have little to look forward but repression, violence, disrespect and violation of human rights. However, the assessments reported on the army and the military police by users from the Flavia Farnese express in large measure the peculiar situation experienced by the drug scene at the time of the survey, with the military occupation of the Maré and the expectation of the next UPP entry.

The relationship both with the armed forces and with the police is mostly rated as “bad”, but the Army receives more positive judgments than the police: seven people rated the relationship with the first one as “good” and 15 as “reasonable” while only two respondents evaluated the relationship with the police as “good” and ten as “reasonable”. Everything indicates that what caused that on these assessments, on one hand, was the perception that the stability of the CCFF was due indirectly to the military occupation – which, in addition to reducing shootings and the interference of armed criminal groups in the area, did not involve expulsion of crack users – and on the other hand, the previous violent repression and dispossession experiences in UPP deployment areas.

This is confirmed by the answers to questions about the level of safety before and after the military occupation and on expectations about the possible arrival of the UPP: while 27 respondents said that the arrival of the Army will increase the safety of the CCFF, 32 responded that the entry of UPP would worsen the situation, making life less secure for users of the scene. Twenty interviewees believed that the UPP would drive them out from there and 22 said they did not know what would happen. In April 2015, on the eve of the Army output, the growth in residents of anxiety, fear and uncertainty about the possibility of losing that space was visible. The slightly better evaluation assigned to the Army did not translate, however, into any type of interaction with the military, jokingly nicknamed as “parakeets”, nor in the belief in the efficacy of the occupation. What was observed during the survey was only a ritualized adherence to the “gentlemen’s agreement” responsible for maintaining the CCFF: when the military approached, preceded by fireworks noise (used in the slums to warn of the presence of security forces), one of the leaderships went through all the scene crying “there come the men!”. Crack cups were hidden, users entered the shacks, Nextel devices were switched off, the conversation ceased and the space remained in complete silence. As soon as the “parakeets” finished passing, everything returned to normality. “They respect us, so we have to respect them” – was the explanation of an internal leadership for this curious behavior.



IT IS WORTH AGAIN UNDERLINING THE STRONG RELATIONSHIP BETWEEN **PUBLIC SAFETY AGENDA** IN RIO DE JANEIRO AND THE TERRITORIALITY OR ITINERANCY OF THE OPEN DRUG SCENE, WHICH REINFORCES THE **TEMPORARY AND PRECARIOUS NATURE** OF THESE ENVIRONMENTS”

In May, as predicted, the army withdrew from Maré, but the implementation of the UPP has been postponed to an unknown date. Although it was officially propagated that the Complexo da Maré is “occupied” by the military police, it does not correspond to reality: armed criminal groups returned to freely carry out the drug trade, exposing weapons all over the slums and to openly impose their “laws” while the police only occupies the main entrances and performs its traditional spot and often truculent incursions. But despite this, at the end of the field research, after the maximum tension generated by the output of the armed forces apparently have lessened the immediate fear of eviction of the residents from the scene Flavia Farnese.

It is worth again underlining the strong relationship between public safety agenda in Rio de Janeiro and the territoriality or itinerancy of the open drug scene, which reinforces the temporary and precarious nature of these environments. In the case of Maré, the indefiniteness as to the next steps of the agenda produces strong instability, not only in the lives and expectations of residents, but, as will be seen also in the work of professionals who seek to consolidate practices of attention and care based on the guarantee of rights to this population.

## DEMANDS AND DESIRES

### IMPROVING LIFE

One of the central objectives of the project to approach CCFF was to get to know the wishes and aspirations of its residents – often seen as “zombies” with no individuality and with no any capacity of discernment or control over their lives. Whoever is willing to listen to them will note that many of their desires are similar to those of most Brazilians: opportunities, respect, housing, employment, health, better relationship with the family. But of course, there are specific aspirations as to suspend or reduce the use of drugs, and there is a special difficulty, specific from populations marked by strong social and existential hardships, of formulating needs and demands, as this requires the recognition of rights and interlocutors to claim them with, as well as the ability to project into the future and the availability of personal and social resources:

- All of us who are living this life here think of stopping it... but we miss some things.
- It's not about getting help from anyone. It comes from ourselves, it is what we lived in the past, our lives, many do not know the trajectory of our lives. Each has a different story, each has gone through different situations. No one is here for sheer appreciation of drugs, but due to the circumstances in which we grew up, were raised, which ended up causing us to be street children. (Interview with Japa)

“Things we miss” and “what we lived in the past” translate the absence of conditions for someone to be recognized as a subject with rights and demands, to be able to reinvent himself or herself and draw new horizons. This “anchor” stuck in a long history of street situation, in objective and subjective deprivation, abuse of drugs, suffered and perpetrated violence – with the reinforcement of stigma and social rejection – sets arguably the most important target of any action with the population as the ones from the consumption scene in Flavia Farnese.

To the question about “the top three things that you feel need to live”, the most frequent responses were family and social ties (33), health (23), housing (21) and employment (21). When asked about the desire to stay or not at the, 28 said they wanted to stay and 23, who would rather leave. Of the 59 interviewees, only 11 said they were satisfied with the current quality of life; 16 said they are neither satisfied nor dissatisfied and 32 said they were dissatisfied. But when specifically asked about the living conditions in the CCFF, the degree of dissatisfaction was lower: 19 said they were satisfied; another 19, neither satisfied nor dissatisfied and 21 said to be dissatisfied.

It is noted therefore, that despite the huge problems, conflicts and hardships, there is a certain commitment of the inhabitants to the living space and a sense of belonging to the place. More than an organized community around the use of drugs, the scene is for many the main, if not the only one, social, reference and protection space:

- It is good that people know that here in cracolândia, despite the problems, we live as
- a family to manage to survive. We fight and get along well, and I end up staying here
- too because of that [...] I do not want to leave here with nowhere to go. At least here,
- I know I have a floor to sleep, no one here is going to kill me in a silly way. (Interview
- with Reginaldo).

The bonds of affection and protection are the reason most often cited to justify the permanence in this space. But interpersonal relationships also appear in the answers of the interviewees as the worst aspect of life in the CCFF. If, on one hand, the group stabilization and long coexistence generate a sense of well-being and protection, it raises, on the other hand, dissatisfactions related to the many daily conflicts between dwellers. So, along with demands for improvement of the physical environment – expanding the space scene, increasing the number and improving the structure of shacks, water supply and toilets, cleaning etc. – demands for “peace” pop up, with the presence of leaderships effectively able to reduce internal conflicts. As Valerie said, “cracolândia could be more united, even if we are not living at home.” Or on the testimony of Japa:

- Friends? Friends indeed? No. You, who I am getting to know now, I might call you a
- friend, you left your house, came here, gave me a minute of your attention, I explained
- my situation to you. You are my friends, you will not do any evil against my person.
- Now those I live within the drug underworld I cannot call them friends at all. Each one
- of them might stab me, or take me to death. It’s crazy, crazy, crazy.

Allied to family support, employment opportunities and training are seen as crucial by 21 dwellers, to allow what they call personal “restructuring”, that is, the departure from the scene, the suspension or reduction of drug use and inclusion in other social areas. Some consider, however, that more important would be to offer activities to “occupy the mind”, stay longer away from the scene and alleviate boredom (sleep, laziness and boredom are often mentioned as prevailing outcomes in CCFF dwellers).

As already said, the objective of the approach project to this drug scene, in addition to producing knowledge, was experiencing interventions that met the demands made by the local population and proposed other spaces of sociability not organized around the use of drugs. Thus, during the six months of survey, various leisure activities and artistic experimentation have been developed, such as (a) pinhole photographic meetings with photographer Tatiana Altberg, which resulted in the exposure-clothes line entitled *Flavia Farnese: Notes of an approach*, performed in the very use of scene and in the Maré Arts Center; (b) A film club that showed fortnightly in CCFF films proposed by the residents or by the Olhares da Maré Movies School; (c) the carrying out of the short film scene, with filmed interviews documenting the process of rapprochement between the field staff and residents; (d) outputs for conferences and shows; (e) incentives for dwellers, to participate in the workshops and in the Maré Arts Center Schedule; (f) capoeira; (g) mobilization of a network of partners to insert dwellers in training courses offered by the local organization, such as “Gambiarra Tech”, ministered by the Slum Observatory and the project gastronomy “Maré de Sabores”, coordinated by Redes da Maré.



I'M ALWAYS ASKED TO TALK ABOUT MY LIFE, MY FAMILY HISTORY, THEY GIVE ME FOOD AND MEDICINE. NO-ONE ASKS ME WHAT I WANT FOR THE FUTURE"

All these initiatives, and especially those related to the production of images also sought to help users in the recognition of rights and in the formulation of demands beyond the tripod known as housing / rent / health. By contrast, according to the perception of the residents themselves, they showed how the activities and assistance usually offered to them prioritize past trajectories and the immediate needs of the present, with little emphasis on future possibilities and prospects. As Diana goes, "I'm always asked to talk about my life, my family history, they give me food and medicine. No-one asks me what I want for the future". Health care and social assistance are undoubtedly essential, but the logic that informs its provision ends up reinforcing the factors that hinder these users from being recognized as subjects of rights, able to reinvent themselves and draw new trajectories.

### "CRACUDO": IDENTITY AND STIGMA

Just like the term *nigga* (*nigger*), which can be jokingly used among black North Americans, but it is offensive when a white person addresses a black person this way, for evoking a long history of prejudice and racial violence, the epithet *cracudo* (*crack user*) is commonly used as self identification or treatment among users of the scene, but rejected when whoever says it does not use drugs, nor belongs to the space defined by its consumption. During a screening of "Cinema do Beco", for example, a mototaxi driver working nearby said "today, we have cracudos movies" and was promptly rebuked by a resident of the CCFF, who stated: "We are cracudos inside [the scene] here we are users". The reduction of the person to a stereotype – in particular the "cracudo" one – is a strong barrier to the psychological and social development of individuals already marked by abuse, abandonment and violence trajectories. It is as though the only way to deal with the problem of drug abuse were to freeze users in this position, isolate them and demonize them. But the stigma, besides causing great suffering to the one who receives it, becomes itself a fundamental part of the problem, as one closes doors and blocks paths that could lead to overcoming addiction. It's important to emphasize in this regard some statements collected in the survey:

My name is Reginaldo Gomes de Arruda, I am a crack user and want to be called by the name, not as cracudo [...] The people here even received us well, but they do not forget that we are cracudos. They look at us with disgust! [...] The cracudo is the rest of a person, the cracudo is the community's shame, the shame of the world, he is reputed as cracudo but labeled as a beggar, like a thief. It is faced as a person outside the world, outside the community, as a person that nobody wants, with whom nobody wants to live, that no-one accepts. (Reginaldo)

I wanted to tell people that we are not animals, we are not beasts. We are also human beings like them. Unfortunately we are stuck in this, using our crack. Some residents here (Maré), who sees us going in their direction, switch up the way, thinking we will steal them, but not everyone here is bum. (Klayton).

Hence the crucial demand for *respect*: recognition of the fact there are *people* behind the drug users and understanding of what effectively a “cracolândia” means:

I ask you to look at us in another way, with respect. The people here have families and it's good to know that everywhere there is an addict, whether in Brazil or Japan. And since there are addicted people everywhere, and cracolândia is a normal place because it is a place where drug use is permitted. You want to take drugs without bothering family or neighbors? Just go to cracolândia” [...] Cracolândia should be cited in the paper not as a place of drugs, but as an option where users can use the drug without being disturbed and without harming anyone. If you do not take the drug in cracolândia, where will you use it? At home, on the street, at the door of others? Inside home is the worst place to use it, imagine your children watching you get high? I do not want my child to do what I do. That's why I left home.

Any activity aiming to the assistance, to the care and the better social integration of these users must thus take into account the problem and the consequences of stigma. In addition to work aimed directly to residents of “cracolândias”, we must also act on the perceptions and attitudes of those with whom they live – in the specific case, the population of Maré. In this sense, in addition to the interventions in CCFF, the project whose results we show here started a “Drugs Dialogue” process with residents and people who work in Maré institutions, organizing three training meetings to present the project and discuss topics related to users and drug policies. In these meetings, the book “In the crack plots”, by researcher Taniele Rui, and the campaign entitled *Da proibição nasce o tráfico* (*Out of banning, trafficking is born*), conducted by CESeC. This resulted, among other things, in the spontaneous adherence of some members of the network that were added to the approach project initiatives to the CCFF.

## DRUG: CONTROL AND TREATMENT

Few needs, demands and wishes expressed by the CCFF residents refer directly to drug abuse. To the question “do you want to undergo a treatment to stop, reduce or control the use of drugs?”, 29 answered yes and 30 no. This does not mean, however, that most do not want to stop, reduce or control the consumption. It means, above all, that a focused vision on individual responsibility and on the religious reference prevails: the best way to suspend or reduce the use of crack, according to several interviewees, would be “by myself”, “on my own”, “strong-willed”, “myself”, “individual courage”, “when I want,” or with the help of God or Jesus.

Out of the 27 residents who said they had made some kind of treatment, 13 reported having experienced therapeutic communities with religious affiliation. The observation showed that in addition to these 13, other people in the scene had already experienced this kind of treatment, it seems, with no success. In fact, the evaluation of users was not very positive: some identified in isolation and rigidity of the rules imposed by religious institutions the biggest obstacle to the effectiveness of the therapies offered by them. One respondent asked, “how will I stop



ONE COULD ALSO OBSERVE A **LACK OF CLARITY** ON EXISTING TREATMENT ALTERNATIVES, IN PARTICULAR THOSE THAT DO NOT RECOMMEND **ABSTINENCE**, BUT ADOPT A **HARM REDUCTION PERSPECTIVE**”

consuming and reinsert myself in society if I have to stop working to stay there? By staying there, I could not make my jobs, and I need my jobs to live. “ Another one exclaimed: “I wanted to stop using drugs, but not stop having sex!”.

On the other hand, one could also observe a lack of clarity on existing treatment alternatives, in particular those that do not recommend abstinence, but adopt a harm reduction perspective. Even the therapeutic proposal of *CAPSad*, equipment located in the vicinity of CCFF, was little known among users of the scene. Resident Darly, who was in the therapeutic monitoring *CAPSad*, showed up amazed at the service: “[for the] first time in my life [...] told me that I could treat me without stop using drugs.” For others, however, this idea seemed a nonsense, “how can I stop using drugs if I can consume it ...?”. Furthermore, for its connection with the mental health sector, *CAPSad* was identified by some as a “place for crazy”, not drug addicts.

It follows, therefore, for the importance of clarifying to users which proposals and available treatment alternatives, beyond the prejudices and therapeutic disputes that exist in this field, in order to enable the matching of supply of services and the construction of therapeutic trajectories adjustable to individual demands.

## DOCUMENTATION AND LEGAL PENDINGENCIES

The survey does not intend to raise the criminal history of the interviewees, or establish links between this history and the use of drugs or lack of documentation. But as they are factors that impact the future prospects, we tried to get some information on the legal status and documentation of the residents of the scene. It was not an easy task because, especially in the first interview, when the trust relationship has not yet been solidified, there was resistance, reluctance and contradictions in the answers on the subject. Of 44 who were willing to answer the question about criminal history, seven said they have been to social and educational institutions and 21 by the prison system. When asked about their current situation, only 28 answered the question and of these only three admitted having legal pendingencies. With respect to documents, 33 of 59 respondents said they had all their documentation updated at the time of the interview. In some cases, it can be said that the trajectories are characterized by a succession of short periods intercalated between prison and street situation that, in addition to psychological effects, hamper the possibilities of social insertion and post-prison reintegration.

However, through observation, informal conversations and incentives to participate in activities outside of the scene, other cases in which problems with the law and/or the lack of documents constituted an obstacle to the achievement of some aspiration were identified. This was the case of Laura, one of the first people interviewed in the CCFF, who initially declared to have no pending litigation and all the documents, but when the team encouraged her to enroll in a training course in gastronomy, she ended up admitting that her documentation was in possession of the family, with whom she had no contact for a long time, and that, due to problems with the law, could hardly get the second copy.



Even basic rights, such as access to emergency services and care in family clinics can be blocked by the lack of documents, not to mention the opportunities for training and employment. For those who have judicial pendencies, there is the fear of being arrested when being requested to present documents or any other public service. Rodrigo, for example, refused to get an ambulance from SAMU, even having been stabbed by traffickers for fear of being identified and arrested. He preferred to search for the family, which led him to a private clinic. As far as we observed in the field research, many of these disputes are on the low gravity of offenses and could be sorted out with appropriate legal assistance.

## ATTENDANCE AND CARE POLICIES

In Rio de Janeiro, in 2011 and 2012, the compulsory internment strategy of illicit drug users in street situation, especially children and adolescents, performed by the then Municipal Department of Social Development (SMDS) predominated. From 2013, however, there is a shift in municipal policies, with the gradual emptying of the priority strategy of compulsory internment in favor of initiatives such as the *Proximity* project, aimed at “closing the gap” between the assistance services and users living on the streets. At the same time, public health services but also the *Psychosocial Care Centers*, *Street Clinic* and the harm reduction programs, which depart from the asylum logic and are based on respect for the autonomy and guarantee of the rights of users, gain protagonism.

It was not among the objectives of the project to evaluate the services or professionals working in the drug scene in Flavia Farnese. The intention was to map institutions, players and actions aimed at meeting the drug users, get to know the services, how they were articulated in the assistance to the population of the scene and capture perceptions of users of these services. In short, to observe how the supply and demand for care crisscrossed that particular territory.

Although researchers initially expected to daily find on the scene, several institutions, both public and private – an expectation created by previous interviews at the Parque Maré Residents Association – they noticed in practice that this frequency was quite variable, if not non-existent, depending on the type of institution. The field observation was then delimited to the players responsible for the implementation of public policies for service and care to people with problematic drug use and living on the streets, which led to the mapping being essentially restricted to three governmental bodies: the *Street Clinic*, the *CAPSad* and the *Proximity/ SMDS*.

Created in January 2014, a partnership between SMDS and the Viva Rio NGO to specifically assist the residents and frequenters of open drug scene of Rio de Janeiro, the project entitled *Proximity* has teams of workers, educators and psychologists who weekly visit the crack scenes aiming to create ties with users and to identify their main demands.<sup>14</sup> At the time of research, this project had three teams – Jacarezinho / Manguinhos, Parque União and Center – to meet the 18 open drug scenes mapped in the north and center areas of the city. The main services offered are acquisition of documents and referral to the Street Clinic and CAPSad, but teams also act, to a lesser extent, in the strengthening of family and community ties, enhancement of self-esteem and referring users to Reception Center, specialized for the Homeless Population (POP Centers),<sup>15</sup> and to the Defense Center of Human Rights of the State Public Defender.<sup>16</sup>

The *Street Clinic (Consultório na Rua)* is a Ministry of Health program instituted in 2011 by the Basic Care National Policy with the objective of increasing access of the homeless population to health services, by offering in a “more timely manner, a comprehensive health care for this population group, which is in vulnerable conditions and with broken or weakened family ties”.<sup>17</sup> The unit assisting CCFE is located in the Manguinhos slum, about five kilometers away, and is responsible for more than twenty districts of the north of the city. Its most important activities are medical appointments, referral to medium and high complexity exams, hospitalization requests, conducting dressings, distribution of medicines and visits to areas

14. See official definition on <http://www.rio.rj.gov.br/web/guest/exibeconteudo?id=4608305>.

15. See official definition on <http://www.brasil.gov.br/observatoriocrack/cuidado/centro-pop.html>.

16. See [http://www.portaldpge.rj.gov.br/impressos/20090810\\_150918\\_folder\\_nud-edh.pdf](http://www.portaldpge.rj.gov.br/impressos/20090810_150918_folder_nud-edh.pdf).

17. See [http://dab.saude.gov.br/portaldab/ape\\_consultorio\\_uaa.php](http://dab.saude.gov.br/portaldab/ape_consultorio_uaa.php).

where the homeless population is. It is noteworthy that eight units of the Family Health Program operate in 16 Complexo da Maré slums, but the survey did not observe any assistance in these units, to CCFF users, which can be partly explained by the strong bond of residents with the *Street Clinic* team, and partly by the fact that the drug scene is located on the border of the territory covered by three of the eight health units in the complex, and there is no reference unit responsible for serving the population of the scene.

The *Psychosocial Care Center for Alcohol and Other Drugs (CAPSads)* are bodies of the municipal health system serving the people “in harmful use” of licit or illicit substances<sup>18</sup> in a perspective of harm reduction without requiring abstinence for adherence to treatment. Through individual and group activities, they seek to build with users individual therapeutic projects that promote autonomy, the strengthening of ties and social reintegration in the territory. The *CAPSad Miriam Makeba*, that serves the administrative region called CAP 3.1, covering Bonsucesso, Ramos and Maré, is open daily, 24/7. The fact they do require any abstinence – unlike most of the clinical and therapeutic communities, religious or not, for drug addicts – facilitates the adherence of users to treatment, according to the perception of professionals. But the sheer volume of demand, the large territory covered and personal restriction rather limit the scope of the work, making it difficult, for example, for one to hold workshops and appointment directly in drug scenes such as CCFF and even constant assistance, provided in program guidelines:

When we opened, we had a too large pent-up demand. We never had a CAPSad here [...], as soon as we opened, we were serving 100-120 people a day. The team was exhausted, tired. We had to think about how to qualify this service [...]. We kept the doors open, we chose to close the doors to ensure a quality service. (Professional at *CAPSad Miriam Makeba*)

The complaint concerning excessive demand and little assistance capacity is often also in other entities that the research could accompany:

We serve all AP 3.1 (Bonsucesso, Ramos and of the Maré), we have almost two thousand people registered. How to ensure the monitoring of the service with nine professionals? (Professional at the *Street Clinic*)

Some days it's a lot of running around! You have to go from one scene to another [...] sometimes you see that you need to talk more to that person, but you can get too late at Detran [body that provides identity documents]. When you come back in the afternoon, sometimes the person is no longer there... (Professional at *Proximity*)

There seems to be a dialogue between the three observed entities, perhaps facilitated by the fact the two municipal projects – *Proximity* and *CAPSad Miriam Makeba* – are under co-management of the Viva Rio organization, and the *Street Clinic*, under co-management of FIOTEC, also maintain relations with the coordination of the drug area of this organization. But, moreover, certain convergences in the

18. See <http://www.rio.rj.gov.br/web/sms/caps>.

philosophy of work of the three institutions seems to favorably weigh in the matter, which operate with multidisciplinary teams, do not condition the service neither to abstinence nor to hospitalization, adopt the perspective of harm reduction and value receipt of patients, creating ties and qualified listening. In practice, however, there is a regular space of dialogue and exchange – meetings, encounters, case studies, forum etc. – able to enhance the effectiveness of care, which is usually justified by excessive daily work and the difficulties arising from institutional structures and routines.

Even more problematic is the dialogue with other particularly relevant public institutions for full assistance to drug users living on the streets, as the security and justice system bodies system (police, prosecutors, defense counsel, family courts, etc.), the reception and shelter centers, family health units and the Child Protection council – all characterized as being characterized by “difficult access and dialogue”, too “bureaucratic” and “far from the reality” of the population served by the three institutions.

In particular, the public security policies are unanimously criticized by the professionals interviewed, for not dialoguing with the work perspective that they seek to develop. Both operations for the implementation of UPPs and those from the “Order Shock” the Municipal Department of Public Order hinder the continuity of service to users and consolidation of ties. Not only for encouraging itinerancy but also for the intervention mode, often violent – with batons, pepper spray and shacks destruction – which causes loss of identification documents and health cartouches, generating rework and discredit to the institutions that assist those users.

Thus, the creation of services specialized in the care of the homeless drug user population represents a major advance in relation to strategies focused solely on repression, on admission and in abstinence, and a remarkable progress in the guaranteeing rights of this segment of the population, two problems restrict in a bad way the scope of these initiatives: first, the low number of professionals to take on the existing demand; second, the difficulties of coordination between the institutions and, even more, of them with other key government bodies, particularly those from the security and justice system.

In an attempt to contribute to the opening of a permanent forum for dialogue on the assistance to the CCFF, Redes da Maré initiated an inter-agency coordination process through monthly meetings between the institutions involved, especially healthcare. In addition to *Street Clinic*, *Proximity* and *CAPSad* professionals, staff from Maré health units, from the Center for Support to Family Health (Nasf) and Viva Rio participated in these monthly meetings between May and August 2015. It enabled the identification of some issues not noticeable directly in the research within the scene. Among them, the assistance frequency, as per the criterion of whether or not being treated from the “fashion scene.” As already stated, the drug scenes of Maré had become “old-fashioned”, but in the final period of the research it was *Bandeira 2*, near the *Jacarezinho* slum, which attracted more concerns and services. Paradoxically, the relative stability achieved by the *Flavia Farnese* drug scene, which could provide the basis for a more systematic, articulate and effective service, ends up weighing against its inhabitants, who lose part of the attention from the government.



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On the other hand, it became clear in meetings the need to integrate services and programs specifically aimed at the CCFF, to the health system structure that meets the other residents of Maré, to ensure proximity and continuity of care. According to a professional from the Street Clinic, it would be essential that the Family Clinic started being seen as a service space, too, for people living on the street, in order to avoid the street to remain being the only place and care reference for that population. With this purpose, a matricial process was started in July 2015, through a “laboratory” of articulation between the three health units of the Maré family and the *Street Clinic*, to approach the first residents from CCFF. The proposal was that the professionals patrolled the drug scene in pairs (one from Maré health units and another one from the *Street Clinic*), making contact with residents and frequenters, identifying their main demands for health and inviting them to attend the units of family Health. The second “laboratory” also featured the participation of *CAPSad Miriam Makeba* and at the end of the field research, a process of training in harm reduction to the community health workers who would work together with abusive drug users on the streets began, including the territory of Maré.

Some barriers for health professionals to be close to family members of the scene were, however, evident. In particular the lack of capacity to approach the residents of the CCFF and the bureaucracy involved in the forms of access to the service. Also at the end of the project, the Municipal Health Center Samora Machel was appointed as a local unit that would be responsible for servicing the CCFF, disregarding a number of difficulties of access for residents of the scene, including the prospect of incorporation of this unit to another one located in the territory of a rival criminal group and the increased strength of its managers to work with this type of population. The matricial and referral process started in a slow manner, but still, the balance of the joint initiative led by *Redes da Maré* seems to have been positive, especially if you consider that some institutions had never dialogued, although they had acted for a long time in the same place. The opening of a more permanent space for dialogue, at least among healthcare service and social assistance providers, and the facilitation of referrals of some CCFF cases can be considered important project results shown here, although the decrease of meetings with the completion of this project was noticeable.

### USERS’ PERCEPTIONS ON THE SERVICES OFFERED

Access to health care is relatively well rated by residents of the CCFF: 34 of 59 interviewees consider it as “good”, 15 find it “reasonable” and only five classified it as “bad.” Out of the people interviewed, 35 had received some medical care in the last twelve months; for 12, this happened more than a year before and 12 others did not remember when this had occurred. In most cases, the last assistance was performed by the staff from the *Street Clinic*, whether in the scene itself or at the

Manguinhos family Clinic. Only two respondents had been assisted for the last time in one of the Maré health units near the drug scene. The importance of *Street Clinic* for the access to the health of residents of the scene, as well as the lack of coverage of local units for this type of public is thereby evidenced. Only 12 people said they did not know CnR and of the 47 who knew it, 42 rated it as “good” and five as “reasonable”. No-one rated the service as “bad.”

In what regards the other institutions, identification rates were lower, and it should be taken into account, however, that both *CAPSad* and the *Proximity* Project only recently had come to serve residents from the CCFE (since January and April 2014, respectively), whereas CnR have had contact with this population since 2011. Out of the 59 ears users, 38 did not know or did not distinguish the service provided by the local Center for Social Specialized Reference Assistance (Creas); 24 were not aware of the supply of services by *CAPSad* and 22 did not recognize the *Proximity* project. Among those who knew the services of *CAPSad*, predominated positive feedbacks: 29 in 35 rated it as “good”; five, as “reasonable” and one as “bad.” In the case of *Proximity*, 33 in 37 considered the service as “good”; two as “reasonable” and two as “bad”.

In general, there seems to be greater clarity for users on the type of service provided by the *Street Clinic* and a better appreciation of the bond created by this service. As for *CAPSad*, besides being less known, it is seen in a bad way by residents of the CCFE; as already commented above, some consider it as a space “for fools”, not drug addicts, and others doubt the effectiveness of a treatment that does not require any abstinence. Added to this the fact, *CAPSad* performs few actions at the scene site and focus in the assistance within the institutional space. The professionals from *Proximity*, in turn, are perceived primarily as those who assist in obtaining documents and in the referral to health services. Much of the residents who obtained a second copy of documents during the survey period did it through *Proximity*. The biggest complaint regarding this service was that the teams go to CCFE always in the morning, when most residents were still asleep or had just awakened. Professionals explained that the preference for morning was due to logistical reasons and the assistance hours of other crucial services, such as Detran, but for users of the scene that appeared as a kind of negligence: “we are sleeping, they pass by so fast, asking if we need to get the documents or go to the doctor and go away” (interview with Norbert). It was also possible to notice some confusion between *Proximity* and *Street Clinic*, perhaps because one of the main project activities is to take users to CnR.

The quality of assistance and the ties seem to have a great say in the better evaluation of the latter institution. Asked about why he preferred to be assisted by professionals from the *Street Clinic*, a resident said: “There are different, ya know? You get there and are always assisted, they always give you attention”. Coupled with the long time of providing the service and the way of is received, the low employee turnover helps, in addition, to consolidating references and ties. This also shows that when appropriate conditions are offered, drug users on the street create ties and identifications – far from the stereotypical view of “the cracudo” or “zombie” only able to relate to the drug.



THE PROFESSIONALS WHO OFFER SPECIFIC SERVICES TO **DRUG USERS ON THE STREET** SHOULD HAVE A KEY ROLE IN THE UNSKILLED STAFF **TRAINING** OF HEALTH FACILITIES AND OTHER ASSISTANCE INSTITUTIONS; THEY ALSO INDICATE THE NEED FOR INTEGRATED PUBLIC POLICIES OF ASSISTANCE AND CARE”

The very research team was being constituted an important reference point for the inhabitants of the scene, who began to address its requests for mediation and demands not addressed to assistance institutions. The social worker who was part of the team followed several times residents seeking health services in Maré units, or in other units of the region, and could see how users of the scene were treated in these spaces. In one case, the resident felt treated with “rudeness” by the professional who assisted her and contrasted this treatment to the provided by the *Street Clinic*:

■ ... did you see the way they treat us? it’s like if we were disgusting for them. The staff of Dr. Valeska [CnR doctor] embraces, kisses us [...] once José had with his foot all necrotic, and Dr. Valeska entered the shack, put his foot on her leg and treated it a lovely way... you could see she was not feeling sick! “(interview with Lydia).

Patricia, another resident, admitted in a maternity near the time she would give birth, complained that she was not even told that the daughter had been born dead, nor informed of the cause. A hospital nurse tried to justify the attitude:

■ ... we receive more and more women with this profile, pregnant crack users with no family, most of the time [...] alone. We do not know how to handle these situations. We receive no guidance, no training. Each one do the best they can [...]. But it’s hard, we do not know how they will react, often they are violent, and we not always know how to forward them.

In this particular case, the member of the research team that accompanied Patricia mobilized the *Street Clinic* and the *Proximity* Project, that sent their teams to support the hospital in the care of the patient. But in most situations where they need access to health services, users do not have this “protection” and will not receive minimally adequate assistance. The nurse talking and the outcome of the case of Patricia indicate, moreover, that the professionals who offer specific services to drug users on the street should have a key role in the unskilled staff training of health facilities and other assistance institutions; they also indicate the need for integrated public policies of assistance and care.

## FINAL CONSIDERATIONS AND RECOMMENDATIONS

Out of research, intervention and institutional articulation activities developed during the project, result some important considerations to support public policies and civil society actions aimed at drug users care on the streets, particularly members of the collective scenes known as “cracolândias”. Such considerations revolve around the need to take into account the characteristics and demands of the residents, the specificities of the territories in which they are set, and to promote their insertion into spaces and alternative spaces and times, so that the street and the drug will no longer be the main references and the main socialization means of these people.

### **COLLECTIVE TRAJECTORIES AND EXTREME SOCIAL VULNERABILITY: DESIGNING INTEGRATED PUBLIC POLICIES AND ARTICULATING THE SERVICE AND CARE NETWORK**

Residents of drug use scene in Flavia Farnese, as most of the individuals who are in a similar situation, are mostly young adults, black people, with low education, not linked to the formal labor market, coming from popular areas with a long history of street situation and previous passages in other drug scenes. In this context of extreme social vulnerability, crack abuse is just one of the marginalization elements, and one can consider the drug scene as a focal point of a number of urban social problems that demand complex and integrated approaches and sustainable social policies, instead of visions and simplistic actions focused solely on chemical dependency.

Although weakened, the family ties are central to most of the residents of Flavia Farnese, either at present, as a support to self care, health and control of drug use, or as a reference for future prospects. The fact that such relationships are marked by many difficulties and numerous conflicts underscore the relevance of actions and policies aimed at the joint assistance of users and their families.

With respect to the existing policies, one identified, first of all, the need for better coordination of public bodies that directly assist users and health facilities in the territory of Maré. Accountability, education and training of teams of these units seems to be crucial to improve primary care to the population in focus and ensure the continuity of service in the territory; in that sense, the *Street Clinic*, main reference for the residents of the scene, should have a prominent role in the matricial provision of basic health services in Maré and its surroundings. Secondly we detected a significant lack of information and clear definitions, for users on the scope and work proposals of each body or project that provides services in the area. The consolidation of an intersectoral forum for the region appears to be an important way to foster coordination, cooperation and joint reflection, as well as better dissemination of the offered work and the integration of new partners to the support and care network to residents of the CCFF. The definition of an institution leader, with willingness and ability to lead the process, is essential so that it can be effective.



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There are, in the city of Rio de Janeiro, no integrated programs as the experiences of *De Braços Abertos (Arms Wide Open)* in São Paulo or the so-called *Programa Atitude (Attitude program)* in Recife. The design of policies inspired in gender and other initiatives is imperative, considering the specific context of Rio de Janeiro, which can integrate and coordinate the different departments, including those responsible for public safety.

### **VIOLENCE AND RIGHTS VIOLATIONS: RETHINKING DRUG POLICY, ACCESS TO JUSTICE AND THE RIGHT TO SAFETY**

Coinciding with a particularly tense period and filled with uncertainty, research in the CCFF allowed one to realize how much the agenda and public safety operations objectively and subjectively affect the lives of those attending open scenes of drug use. Stability or itinerancy, hopes or fears concerning safety or full insecurity, greater or lesser exposure to police violence, more or less interference by armed criminal groups – are all factors largely defined by actions, strategies and policies of public security including there the bodies and municipal actions.

On one hand, enormous difficulties interpose a systematic dialogue with these players around more complex, appropriate and effective approaches to deal with the “cracolândias”, which brings damaging consequences not only for users – instability, ties destruction, loss of documents, medical care discontinuity and enhancement of stigma, among others – but for the very work of health, assistance and even safety bodies, once the tactics of repression/expulsion makes no more than intensifying the process of *deterritorialization* and *reterritorialization* of drug consumption scenes in the city. Negotiations with the army during the military occupation of the Maré, which enabled, in part, the fixing of the drug scene in Parque Maré, shows, however, that the dialogue with the public security bodies is not impossible and should continue being attempted and expanded, because it largely depends on the possibility of approach, attention and care to populations such as the one from Flavia Farnese, characterized by many and diverse vulnerability and marginalization factors.

Of the 59 people interviewed, 42 said they had experienced one or more types of violence during the research period: sexual, marital, police and/or armed criminal groups violence. In most cases, the aggressions were silenced, that is, there was no recourse even for formal instances, nor to “local justice” to seek some kind of repair. If the resident population in spaces regulated by armed criminal groups, such as Maré, is exposed to numerous violations of rights and violence, the situation is exacerbated for collectivities as the ones from the CCFF, which combine street situation, drug abuse and residence in the area under the control of those groups. Once such a domain heavily relies on the illegal nature of certain substances, it seems important to delve deeper into the drug policy in force in Brazil and about the deleterious effects of the “drug war”, not only for users on the streets but for the vast majority of the population.



HALF OF THE RESPONDENTS IN THE CCFF FEELS THE NEED FOR **THERAPEUTIC AID**, BUT MANY **NEGATIVELY** EVALUATED EXPERIENCES BASED IN **INTERMENT AND ISOLATION**”

In addition to the violence of armed criminal groups and the police violence, all kinds of conflicts and aggressions permeate the interpersonal relationships of the residents of the scene – sexual and spousal violence, fights between neighbors, disputes for the shacks etc. The scene of Flavia Farnese is configured thus in a space of high exposure to violence. Whether victims, or authors, its inhabitants would need to experience other situations of coexistence, not centered on drug consumption and open to mechanisms for resolving conflicts that are different from the use or threat of the use of violence. It would also be important to incorporate a gender perspective in addressing this problem with almost equal representation of women, an unusual feature in open drug use scenes, the focused space records a high presence of prostitution as a livelihood, conjugal violence and sexual violence directed almost exclusively to women.

### **EXPANDING THE CONCEPT AND THE HARM REDUCTION IN CONTEXTS OF VIOLENCE**

As we tried to show in this work, the risks and damages that residents and frequenters are subject to, of open drug scenes, go well beyond those caused by the use of licit or illicit substances and include damage resulting from police actions, from legal drug policy framework, of the “laws” imposed by armed criminal groups and stigmas associated with the use of substances. Such perspective indicates that the development of complementary actions that mitigate risks and damage not directly related to drug use, involving, for example, training and dialogue with the public security bodies, the agreement on rules of coexistence with members of armed criminals groups, dialogue and educational activities with local institutions and players is determining, strengthening the formulation of demands and desires, and so on.

This is not to minimize the importance of this treatment for the excessive use of legal and illegal substances. The actions in the health field are essential in themselves – to the extent that drug addiction aggravates marginalization trajectories – and are often the gateway to access other rights and services. But it is essential to provide users with information and treatment options, allowing the construction of treatment strategies that are tailored and adjustable, instead of a single work line, which is imposed and uniform. It was seen that half of the respondents in the CCFF feels the need for therapeutic aid, but many negatively evaluated experiences based in internment and isolation. It was seen, on the other hand, that there is little clarity about the options and little knowledge or understanding concerning therapies focused on harm reduction. The expansion of knowledge and effort to provide appropriate assistance to the different demands of users, beyond the prejudices and disputes that exist in this field, are the structural conditions of an approach able to effectively reduce the harmful effects of drug abuse.



THE ARTISTIC AND CULTURAL INITIATIVES DEVELOPED BY THE PROJECT SHOWED THE IMPORTANCE OF OFFERING **OTHER SPACES FOR SOCIALIZATION AND INTERACTION** NOT CENTERED IN THE USE OF THE DRUG”

### **SUBJECTIVITIES AND PERSPECTIVES: FORMULATION OF DEMANDS AND CREATION OF ALTERNATIVE SPACES FOR SOCIALIZATION**

In the specific case of the Flavia Farnese drug scene, the spatial fixation materialized in the construction of 16 demountable but structured shacks, that function at the same time as housing and as a source of income. Given the access to this “privilege” for only a part of residents and given the strong conflicts around the “right” to achieve it, programs that can provide alternative and sustainable forms of housing and income generation for inhabitants of the scene become necessary. The supply of labor can, in addition, reduce the users’ resource to illicit activities and women into prostitution, being mentioned by many interviewees as a determining condition of their chances to “restructure”, “change life” and leave “cracolândia”. Beside the demands related to housing, employment, training and income generation, appears the alternative for leisure and activities able to “occupy the mind” and the time in addition to the drug use. There is no supply to meet or even the first ones or the last of these demands, according to the perception of residents of the CCFF, restricting to institutional provision of services mainly to health care.

The work also highlighted a great difficulty of users to articulate demands and desires, due to the accumulation of vulnerabilities, stigmas and compromising rejections of the possibility of seeing themselves as subjects of rights, thinking about alternatives and project into the future. That does not prevent one from expressing some demands common to most of the population, such as housing, training, work, income and leisure. The artistic and cultural initiatives developed by the project showed the importance of offering other spaces for socialization and interaction not centered in the use of the drug to groups in situations similar to that of Flavia Farnese. Activities that allow one to cogitate new horizons, that encourage creative skills, which foster cooperation in place of violence and that contribute to the recognition of rights should have great weight if one wants to effectively open up perspectives and overcome the prevailing trend of freezing and self-freezing of these subjects in the role as “cracudos”. An assignment with the population that lives more closely with crack scenes and institutions operating in their environment is also essential in order to reduce stigma, disgust and rejection, generating not only violence as a shrinking or closing of the chances of social insertion in users outside of the environment delimited by drug use.

## REDES DA MARÉ: MEDIATION OF A CIVIL SOCIETY ORGANIZATION AND REPLICATION OF POSITIVE EXPERIENCES

It is expected that the work of knowledge production, intervention and coordination carried out by the project described here will help consolidate and expand the debate on sustainable strategies for action by the public administration and civil society in service to drug users on the streets and to reduce the damage arising from this personal and social circumstance. It is also expected that they can be applied in the same scene and other successful initiatives of approach to the CCFF through research-intervention and the efforts by Redes da Maré in order to territorially articulate policies, institutions and services targeted to the population of the scene.

This first experience, although in its onset, demonstrates the potentialities of the role of an organization like Redes da Maré in the process of rapprochement and creation of connections, and of territorial and institutional articulation. For example, the efforts that the institution undertook during the project showed that the performance of a reference entity is timely, with local roots, in the structuring of an inter-sectoral forum. Moreover, in the specific case of Maré, where there are several consolidated civil society initiatives and about three thousand economic enterprises, this mediation can facilitate various forms of insertion of the Flavia Farnese population into the economy and the social fabrics of communities.

It is believed, at last, that an integrated action such as the one experienced in the project exposed here can be an interesting way to think about possible mediations between the formulation of individual and collective demands of this population and the provision of public policies, still poorly integrated and articulated, as well as to think on expanded harm reduction practices in contexts of violence and enrich the debate on the reform of drug policies currently in force, in the country.

redes da maré

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