

THE PRESIDENT OF THE NATIONAL ANTI-DRUG COUNCIL (CONAD), in the use of his attributions and following the 5th article of the Decree n° 3696, 21st of December of 2000 and article 18th of the Internal Regulation and in result of the process that modernized the National Anti-drug Policy until then effective, **DECIDES:** Article 1: the National Policy on Drugs, annexed to this resolution, is approved according to the deliberation of the National Anti-drug Council (CONAD) on May 23rd of 2005.

Article 2: this Resolution enters in vigor in the date of its publication.

JORGE ARMANDO FELIX

National Policy on Drugs

One of the everyday issues requiring special attention is the .drugs. issue. It is a subject that, direct or indirectly, concerns us all, government and society. This issue can be looked at from several different standpoints. It can be seen through our eyes as citizens of a nation, members of a family, members of a community, or as individuals. Each of them requires full and unwavering commitment. Dedication to this issue is a task of unquestionable relevance. It requires responsibility and knowledge; updated scientific knowledge and knowledge about life.

Our role as government officials consists on empowering and giving a voice to all of those interested in this issue so that appropriated policies for the moment can be created.

The National Anti-drugs Secretariat (SENAD) of the Institutional Security Cabinet, Office of the President, aware of its role of articulator of public policies on drugs, promoted and facilitated the modernizing process of our National Policy on Drugs. The whole society was invited to participate, discuss, and comment on the chapters of the policy and, as expected, it responded with active participation throughout the entire

modernizing process . which shows us that, much more than partners, government and society share the responsibility of reducing drug use in our country. The modernized policy is guided by the joint responsibility principle and its strategy includes mutual cooperation and articulating efforts put forth by the government, private sector, civil society, and citizens, with the purpose of raising general awareness about the importance of cross-sector and decentralizing actions related to the drug issue in our country.

Congratulations to all of us who are involved in this process, fully aware of the importance of doing a good job in fulfilling our role.

LUIZ INÁCIO LULA DA SILVA
President of the Federative Republic of Brazil

Foreword

The publication of the National Policy on Drugs (PNAD) is the cornerstone of a new phase in the Brazilian government's action addressing issues related to reducing drug supply and demand in our country. In tune with the latest world

initiatives, PNAD is a leap forward in public policy on drugs. The National Anti-drugs Secretariat (SENAD), the agency responsible for coordinating and integrating government actions to reduce drug use in this country, developed an extensive and democratic process including the government and the general society, with the purpose of modernizing the policy in effect since 2001. For this action to obtain the expected results, the regional, national, and international scenarios were reconsidered. Scientific progress, social, political, economical, and technological changes undergone by the country and the rest of the world also became the focus of the discussion.

In order to modernize the Brazilian policy on drugs, an interaction methodology between government and society was adopted. Consisting of a series of events, this methodology was developed to encourage popular participation and to ensure that the PNAD would be revised in a democratic and participatory manner. The preparation consisted of three different phases: an international one, six regional, and a domestic one.

The decentralization and democratization of the discussions became primary goals in this process. Much more than the participation of the scientific community and the government, the people's participation was a determining factor for the success of this initiative. The first meeting was the International Seminar: Public Policy on Drugs. With the purpose of promoting discussion and the exchange of experiences of seven different countries (Canada, Italy, the Netherlands, Portugal, the United Kingdom, Sweden, and Switzerland), each one presenting a different drug policy model, the seminar was also attended by representatives from NGOs, the scientific community, Brazilian specialists in drug-related issues, and opinion makers.

The second phase consisted of six fora held in each of the five different regions of the country. Resulting from a partnership between the National Anti-drugs Secretariat (SENAD) and state governments through State Councils on Drugs, the fora attracted 2,544 people, who discussed the following chapters of the National Policy on Drugs during the workshops: (1) PNAD's Basic Assumptions and Objectives; (2) Prevention; (3) Treatment, Recovery, and Social Re-insertion; (4) Social and Health Harm Reduction; (5) Drug Supply Reduction. Repression Measures; and (6) Studies, Research, and Evaluation. Each workshop was chaired by a regional technical-scientific coordinator and two specialists from the scientific community, who attended all forums and mediated the discussion on each of the PNAD's chapters.

Based on the experiences shared during the International Seminar: Public Policies on Drugs and the conclusions resulting from each regional forum, the third phase was initiated: the National Forum on Drugs. This event consolidated the regional discussions toward the effective revision of the National Policy, and ensured dialog and legitimate popular participation.

Diversity and full representation of participants were constant features during all stages of the process. Federal, state, and municipal government officials; government representatives from other countries; the scientific community; NGOs; educators; voluntary workers; healthcare providers; social workers; public safety officials; legal professionals, among others, discussed PNAD's themes very carefully.

During PNAD's whole review process, the government was the main promoter, since it made it possible for the discussions to take place; the scientific community mediated the works; and the general society was the protagonist of the process, and from it and solely from it resulted PNAD's entire revision proposal.

At the end of the process, the PNAD was submitted to the National Anti-drugs Council (CONAD), which approved it without making any changes. As a result of this concerted effort we were able to deliver to the Brazilian society an updated policy, developed by and for Brazilians, in the hope that prejudices and discriminatory labels will be abolished, and that the promotion of health, respect for human rights, and social inclusion will become everybody's goals.

JORGE ARMANDO FELIX

President of the National Anti-drugs Council
Minister of the Institutional Security Cabinet of the
Office of the President

OBJECTIVES OF THE NATIONAL POLICY ON DRUGS

- Raise awareness in the Brazilian society about social losses and negative implications derived from misuse of drugs and its consequences.
- Educate, inform, train and prepare people of all social levels to effectively and efficiently perform actions of supply and demand reduction and harm reduction, based on validated scientific knowledge and successful experiences firmly grounded in our reality.
- Learn about, systematize, and disseminate prevention initiatives, actions, and campaigns on drug misuse through an active network, with the purpose of increasing its reach and effectiveness.
- Create and implement an integrated public-private and cross-sector assistance network for people with substance use disorders, based on validated knowledge, in conformity with minimum functional standards, including the efforts developed into the treatment.
- Systematically evaluate and follow up different kinds of treatment and therapeutic initiatives, based on various models, with the purpose of promoting the ones that yield better results.
- Reduce social and health consequences of drug misuse for the individual, the community, and society in general.
- Disseminate information on crime, criminal offence, and infringement associated with illicit and licit drugs, preventing and prohibiting them through the implementation and enforcement of public policies designed to provide better quality of life for individuals.
- Repress drug trafficking and associated crimes all over the country, with more emphasis placed on land, air, and maritime borders, by developing and implementing specific multilateral social educational programs geared toward the promotion of health and recovery of the harm caused to the community.
- Ensure an ongoing and permanent fight against corruption and money laundering as a way of disrupting the profitability of this type of illegal activity, connected to drug trafficking.
- Continuously maintain and upgrade the Brazilian Observatory of Drug Information (OBID) as a basis for numerous activities including the development of

programs and interventions geared to drug demand reduction (prevention, treatment, and psycho-social reinsertion), harm and supply reduction, respecting secrecy and confidentiality, according to ethical research and data storage procedures.

- Ensure methodological precision in activities designed to reduce drug demand, supply and harm, by promoting systematic surveys and research work evaluated by institutions seen as references by the scientific community.

- Ensure that studies and research are conducted with a view to innovating methods and programs to reduce drug supply, drug demand and social and health harm.

- To put in place, at all government levels and with methodological accuracy, a planning, follow-up, and evaluation system for actions aimed at reducing drug supply, drug demand, and social and health harm.

- Ensure, at all government levels, budget grants and effective social control over expenses and actions described in this policy, during all of its implementation stages, taking into account the principles established by the National Anti-drug Council (CONAD) and encouraging participation from society in general.

1. PREVENTION

1.1 General Guidelines

1.1.1 Effective prevention is the result of commitment, cooperation, and partnership on the part of the various segments of Brazilian society and government agencies at all levels (federal, state, and local), based on the joint responsibility principle, and the construction of social networks targeting improved living standards and general health.

1.1.2 The implementation of this policy, at the prevention level, should be decentralized and handed over to the municipalities supported by public drug control policy State Councils and the organized civil society, modified to meet local specificities, prioritizing the more vulnerable communities identified through some kind of diagnosis. For such, the municipalities must be encouraged to create, strengthen, and advertise their own Municipal Drug Control Councils.

1.1.3 Preventive actions must be grounded on ethical principles and cultural plurality, and geared towards the promotion of values concerning the physical and mental health of individuals and community, general well-being, socio-economic integration, and extolling family relations, with due respect for its various types.

1.1.4 Preventive action must be planned and geared toward human development; education for healthy living; access to cultural assets, including sports, cultural, and leisure activities; dissemination of knowledge about drugs validated by scientific information; encouragement to youth protagonismo; and the role of family, school and community in replicating such activities.

1.1.5 The messages delivered by campaigns, educational and preventive programs must be clear, updated, and based on scientific knowledge, taking into account

thespecificities of the target public, its cultural diversity and vulnerability, with proper respect for gender, race, and ethnic differences.

1.2 Guidance Notes

1.2.1 Provide ongoing capacity-building on illicit and licit drug use prevention to parentsand/or guardians, representatives of governmental and non-governmentalorganizations, private sector, educators, religious authorities, student andcommunity leaders, state and municipal councilmen, and other social actors, withthe purpose of engaging them into supporting preventive activities based on thejoint responsibility principle.

1.2.2 Guide preventive educational actions, in an ongoing manner, focusing onindividuals and their social and cultural context, trying to discourage initial use, discontinue current use, and lower risks and harm associated with drugs misuse.

1.2.3 Promote, encourage, and support ongoing capacity-building, interdisciplinary andmulti-professional work, with the participation of all the social actors involved in the process, thus enabling them to become multiplying agents, with the purpose ofexpanding, articulating, and strengthening social networks, with a view todeveloping integrated prevention and general health promotion programs.

1.2.4 Maintain, update, and broadcast an integrated and encompassing preventioninformation system on drug misuse, interconnected with the OBID and open to thegeneral public, aiming at creating and implementing preventive actions, includingthe mapping and dissemination of good practices held in Brazil and in othercountries.

1.2.5 Include a permanent process to evaluate prevention actions taken by the federal,state, and municipal governments, respecting regional specificities.

1.2.6 Base prevention campaigns and programs on research studies and surveys aboutdrug use and its consequences, according to target population, respecting regionalcharacteristics and the peculiarities of their different demographics, especially gender and cultural level.

1.2.7 Propose the inclusion of topics dealing with prevention and drug misuse in basic and higher education curricula.

1.2.8 Prioritize interdisciplinary and ongoing preventive and educational actions in healthprograms developed for workers and their families, taking the opportunity toaddress prevention of drug misuse at the work site, regardless of shift, aiming atimproving quality of life for both employers and employees, based on the jointresponsibility principle.

1.2.9 Recommend the creation of incentive mechanisms for companies and institutionsdeveloping preventive and educational drug-related actions.

2 TREATMENT, RECOVERY, AND SOCIAL REINSERTION

2.1 General Guidelines

2.1.1 The State must stimulate, guarantee, and promote actions enabling the general society (including drug users, dependents, family members, and specificpopulations) to take upon themselves ethical responsibility, towards treatment,recovery and social reinsertion, by providing them with technical and

financial support, in a decentralized way, via governmental agencies, at all government levels (local, state, federal) and non-government organizations and private entities as well.

2.1.2 Access to the different modes of treatment, recovery, and social and occupational reinsertion must be identified, qualified, and guaranteed as a continuous and available process, at the permanent service of drug users, dependents and their families, with decentralized technical and financial resources.

2.1.3 Treatment, recovery, and social and occupational reinsertion actions must be linked to scientific research, and the ones yielding better results must be evaluated, encouraged and replicated, guaranteed by technical and financial resources, enabling these practices and research studies to be conducted, improving the quality of the following ones.

2.1.4 During the recovery phase, emphasis should be given to promoting family, social, and occupational reinsertion actions, since they are tools that can disrupt the drug use/treatment cycle for most of the people involved, accomplished through partnerships and cooperation agreements between governmental and nongovernmental organizations, ensuring the decentralized allocation of technical and financial resources.

2.1.5 The National Budget must foresee provisions for all ministries responsible for the actions addressed in the National Policy on Drugs, which will in turn be allocated, in a decentralized manner, according to previously assessed specific treatment, recovery, harm reduction, social and occupational reinsertion needs, thus fostering social control and joint responsibility between government and civil society.

2.1.6 The ongoing, evaluated, and updated capabilities of all governmental and nongovernmental sectors involved with the treatment, recovery, harm reduction, and social and occupational reinsertion of users, dependents, and their families should be guaranteed, including funds to disseminate knowledge in the area.

2.2 Guidance notes

2.2.1. Promote and ensure articulations and integration of a national interventions network for treatment, recovery, harm reduction, social and occupational reinsertion (Primary Care Units, outpatient services, Psychosocial Assistance Centers, Drug and Alcohol Psychosocial Assistance Centers, therapeutic communities, self and mutual help groups, general and psychiatric hospitals, day hospitals, emergency services, firefighter organizations, specialized clinics, support and community houses and assisted homes) together with the Unified Health System and the Unified Social Work System for drug users and their families, through decentralized and monitored allocation of technical and financial resources.

2.2.2. Develop and grant access to a data-base containing updated scientific information to be used as subsidy to planning and evaluation of treatment, recovery, harm reduction, social and occupational reinsertion practices under the responsibility of public and private agencies or government and non-government organizations; this information should have regional scope (state and local), be easily accessible, fully disseminated, but with proper respect to information secrecy.

2.2.3. Define basic standards to regulate the workings of institutions dedicated to treatment, recovery, harm reduction, social and occupational

reinsertion, regardless of models used and ways of action, monitor and inspect the enforcement of these standards, with due respect for each institution's scope of action.

2.2.4. Establish evaluation procedures through a three-pronged and equalitarian committee for the several modes of treatment, recovery, harm reduction, social and occupational reinsertion for drug users, dependents and their families, based on common parameters modified to meet regional realities, enabling comparison of results among the institutions, using technical and financial resources for this purpose.

2.2.5. Develop, adjust, and implement several modes of treatment, recovery, harm reduction, social and occupational reinsertion for substance dependents and their families, adapting them to the specific features of the different demographics: children and teenagers, teens under socio-educational detention measures, women, pregnant women, elderly people, individuals in socially risky situations, co-morbidity carriers, incarcerated and recently released from prison individuals, sex workers, and indigenous populations, through decentralized allocation of technical and financial resources.

2.2.6. Use legal devices, including fiscal incentives, to propose the establishment of partnerships and cooperation agreements at all government levels, enabling public, non-governmental or private institutions and organizations to work with treatment, recovery, harm reduction, and social and occupational reinsertion.

2.2.7. Propose the creation of specific fees, at all government levels (federal, state and local) levied on the activities of the alcohol and tobacco industries to fund treatment, recovery, harm reduction, and social and occupational reinsertion of drug dependents and their families.

2.2.8. Ensure that funds collected through the National Fund on Drugs (including funds coming from the appropriation of goods and assets seized from drug trafficking) are allocated for treatment, recovery, social and occupational reinsertion.

2.2.9. Establish partnerships with universities to implement ongoing capacity-building through permanent education, health, and social work centers.

2.2.10. Propose health assistance regarding psychiatric disorders and/or substance abuse, to be regulated by the National Supplementary Health Agency, in order to ensure technically appropriate treatment, as described in the National Health Policy.

3. SOCIAL AND HEALTH HARM REDUCTION

3.1 General Guidelines

3.1.1 Harm reduction strategies and actions geared to public health and human rights should be carried out in an articulated and inter and intra sector way, aiming at reducing risks, adverse consequences and harm associated to the use of alcohol and other drugs for individuals, their families, and society.

3.2 Guidance Notes

3.2.1. Recognize the harm reduction strategy supported by article 196 of the Federal Constitution, as preventive assistance, and health and human rights promoting intervention measure.

3.2.2. Ensure support to the implementation, dissemination, and follow-up of harm reduction initiatives and strategies developed by governmental and nongovernmental organizations, guaranteeing the technical, political, and financial resources needed, in compliance with public health policies.

3.2.3. Reduce the impact of social, economic, cultural and health problems associated with the use of alcohol and other drugs.

3.2.4. Guide and establish scientifically based harm reduction interventions and actions, contemplating quality of life, individual and community well-being, local characteristics, vulnerability context and social risk.

3.2.5. Ensure, promote and allocate resources for training, capacity-building, and technical supervision for employees and professionals acting in harm reduction activities.

3.2.6. Recognize and regulate the work of harm reduction agents and/or healthcare providers as a way of safeguarding their capabilities and ensuring technical supervision.

3.2.7. Educate and enable multiplying agents to work in harm reduction related activities as a strategy for achieving more community involvement.

3.2.8. Include harm reduction in the approach to health promotion and prevention informal education (elementary, secondary, and higher).

3.2.9. Promote dissemination strategies, development of educational material, awareness rising, and discussion with the community about harm reduction through cooperative work with different communication media.

3.2.10 Support and publicize scientific research work developed on harm reductions submitted and approved by ethical committees, with the purpose of improving and adjusting the policy and its strategies.

3.2.11 Promote participatory discussion and provide technical subsidies for the development of possible legislation changes, at the three levels of government, based on data and results obtained from harm reduction.

3.2.12 Ensure the right to healthcare and access to harm reduction strategies to children and teenagers, in compliance with the Rights Assurance System included in the Child and Adolescent Statute (ECA . Law # 8.069/1990).

3.2.13 Commit the federal, state, and local governments to funding, formulation, implementation and evaluation of harm reduction programs and actions, contemplating local and regional peculiarities.

3.2.14 Implement public job creation and income generation policies as elements capable of reducing social harm.

3.2.15 Promote and implement the integration of harm reduction actions with other public health programs.

3.2.16 Establish harm reduction strategies geared at minimizing the consequences of drug misuse, not only of licit and illicit drugs, but of other substances as well.

4. DRUG SUPPLY REDUCTION

4.1 General Guidelines

4.1.1 The substantial reduction of criminal activities related to illicit drug trafficking and abusive use of harmful substances, responsible for the country's high violence rate, should improve general safety conditions for the population in general

4.1.2 More suitable resources should be allocated for the promotion of health, preservation of work conditions and physical and mental wellbeing of individuals working with public safety, including legal aid.

4.1.3 Continuous repressive actions must be taken to reduce illegal drug supply and/or abuse, by eradicating and permanently seizing domestically manufactured substances, blocking the entrance of those coming from abroad for domestic consumption, or for export to the international market, by identifying and dismantling criminal organizations.

4.1.4 The coordination, promotion, and integration of actions taken by government sectors responsible for prevention and repression of illicit drug trafficking, at all government levels, should guide all people capable of supporting, enhancing, and facilitating the work.

4.1.5 The implementation of the National Policy on Drugs should encourage and promote, in sync with government directives, the participation and commitment of non-government organizations and all sectors of organized society.

4.1.6 The actions taken by the Financial Activities Control Council (COAF); of the Assets Recovery and International Legal Cooperation Department (DRCI/MJ); of the Brazilian Internal Revenue Service (SRF); of the Federal Police Department (DPF); the National Anti-drug Fund (FUNAD); the National Public Safety Secretariat (SENASP); the Federal Highway Police (DPRF); by both the civil and military police and other government sectors responsible for reducing the drug supply should receive unconditional support.

4.1.7 Permanent interaction with the Judiciary Branch and the Brazilian Justice Department, via the officially recognized agencies, with the purpose of expediting the implementation of preventive guardianship, with the purpose of preventing the deterioration of the goods seized.

4.2 Guidance Notes

4.2.1. Raise awareness and foster spontaneous and safe cooperation of all individuals and institutions with the agencies responsible for drug trafficking prevention and repression, with anonymity ensured.

4.2.2. Centralize in the Federal Police Department all the necessary information to promote the integrated and coordinated planning of repressive actions contemplated by different agencies, making it available to all Brazilian states, as well as respond to the information requests of domestic and foreign agencies with which Brazil has signed agreements.

4.2.3. Encourage repressive operations, ensuring technical and financial resources for integrated action among federal, state and municipal agencies responsible for drug supply reduction (the Federal District included), under the coordination of the Federal Police Department, without any kind of subordination, with the purpose of preventing and fighting drug-related crime.

4.2.4. Foster international cooperation by establishing and reactivating coordinated protocols and actions, stimulating legislation synchrony, especially with neighboring countries.

4.2.5. Support actions taken by agencies responsible for investigating, inspecting, and controlling, at the federal, state, and local levels (the Federal District included), and with the purpose of preventing assets and money from drug trafficking to be legitimized in Brazil and abroad.

4.2.6. Plan and adopt effective repression measures, making an effort to synchronize inspection and investigation actions, concentrating these activities within the scope of criminal jurisdiction whereby the Judiciary Branch and the repressive police may have access to technical, financial, and human resources capable of promoting and sustaining ongoing dismantling, apprehension and destruction of organized crime and its assets.

4.2.7. Use SENAD as a way of keeping the National Anti-drug Council informed about mobile, real properties and fixed financial assets seized from drug traffickers, as a way of speeding up their use or alienation through final judgement, as well as their ensuing investment.

4.2.8. Prioritize actions to fight illicit drugs destined for the domestic market, produced domestically or not, without hindering repressive actions geared to the foreign market.

4.2.9. Control and inspect, through officially recognized agencies of the Justice, Health, and Internal Revenue Ministries, as well as local internal revenue secretariats (the Federal District included), all trade and transportation of assets that may be used to produce drugs, synthetic or not.

4.2.10. Stimulate and ensure coordination and integration among the National Public Safety Secretariat, state safety and justice secretariats (the Federal District included), the Federal Police Department and the Federal Highway Police Department aiming at improving policies, strategies, and common actions to fight drug trafficking and associated crime.

4.2.11. Promote and foster regional development actions regarding cultural and alternative activities with the purpose of eradicating illegal crops in the country.

4.2.12. Ensure federal and state (the Federal District included) budget provisions to equip specialized police to fight drugs and encourage integration and coordination mechanisms at all agencies capable of providing adequate support to their actions.

4.2.13. Intensify training for public safety professionals and officials of the Judiciary Branch and Justice Department that work in prevention and control of illicit drug trafficking at all government levels (the Federal District included), and foster the creation of specialized departments in drug control activities.

4.2.14. Ensure budget grants for the Public Safety Policy, particularly for drug supply reduction, with an earmarked percentage like the funds provided for

education and health, with the purpose of improving and implementing activities, and to create mechanisms to encourage the performance of professionals working in this area.

5 STUDIES, RESEARCH AND EVALUATION

5.1 General Guidelines

5.1.1 The necessary means to inspire, foster, carry out, and ensure permanent studies, research, and evaluations leading to in-depth knowledge about drugs, extent of use and evolution, misuse prevention, repression, treatment, rehabilitation, harm reduction, and social and occupational reintegration under ethical principles must be earmarked by federal, state and local administrations (the Federal District included).

5.1.2 The necessary means must be provided to ensure that studies, analyses, and evaluations will be carried out on public and private intervention practices in the fields of prevention, treatment, rehabilitation, harm reduction, social and occupational reintegration, drug supply reduction, considering that the results will guide the continuity or reformulation of these practices.

5.2 Guidance Notes

5.2.1. Promote and conduct periodical, regular, comprehensive, and systematic surveys on the use of licit and illicit drugs, encouraging and fostering research geared to specific community sectors, taking into account the country's huge territory and different regional and social characteristics, and specific demographics.

5.2.2. Stimulate and foster basic, epidemiologic, qualitative research, and technological innovation about factors that determine and condition risks and damage, knowledge of drugs, the extent of use and its evolution, misuse prevention, repression, treatment, harm reduction, rehabilitation, social and occupational reintegration, developed by both government and non-government organizations, making sure that the results are widely disseminated.

5.2.3. Use research to ensure that principles to guide preventive programs are identified.

5.2.4. Evaluate the role played by the media and its impact in encouraging and/or preventing misuse of alcohol and other drugs and the harm associated with them, by advertising results through the Brazilian Observatory of Drug Information (OBID).

5.2.5. Ensure that research on misuse of alcohol and other drugs are made public through OBID and the written press, thus enabling the improvement of a reliable information network to subsidize exchange with regional, national and foreign institutions and similar multinational organizations.

5.2.6. Support, encourage, and disseminate studies, research, and evaluation on violence, socio-economic and cultural aspects, drug supply reduction actions, and the social and sanitary cost of misuse of licit and illicit drugs and its impacts on society.

5.2.7. Define and advertise financial criteria for studies, research, and evaluation.

5.2.8. Support, encourage, and disseminate research work assessing the cost-benefit ratio of current public actions taken to subsidize the management and social control of the National Policy on Drugs.