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PUBLIC POLICIES ON SOCIAL INTEGRATION AND DRUGS
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Public Policies on Social Integration and Drugs

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Ministry of Justice, Brazil
Important frameworks for social work regarding the issue of drugs

- **National Drug Policy (2005)**

  - Prevention, Treatment and Social Reinsertion

  One of its objectives is: **To reduce the SOCIAL and Health consequences of drug use**

- **Law N 11.343, 23 August 2006**
  - National Drug Policy System

    - Care and social reinsertion for drug dependent users

**Principles:**

- Acknowledgement of intersectoriality.
- Multi-disciplinary approach, interdependency and complementarity between: Prevention, Treatment and Social Reinsertion
- Balance between prevention, treatment and social reinsertion of users and repression of traffic
Art. 22. Principles and directives for treatment and social reinsertion:

- Respect for the user;
- Adoption of differentiates strategies for the care and social reinsertion of the users and family members that take into account their social and cultural characteristics;
- Definition of customized therapy projects whose aim is social inclusion and the minimization of both risks and social and health damage;
- Care provided to drug users and their family members, whenever possible, in a multi-disciplinary manner by means of multi-professional teams.

**Care:** Actions with the purpose of improving the quality of life and reducing the risks and damage associated to drug use.
TITLE VII
SOCIAL ORDER

CHAPTER II
SOCIAL SECURITY

- Art. 194. Social Security comprises an integrated set of actions that are the initiatives of the Public Authorities and society in general, with the aim of guaranteeing the right to health, welfare and social assistance.
“Social assistance, right of the citizen and duty of the State, is a Non-contribution Based Policy of Social Security that provides the minimum social welfare through an integrated set of actions from public and social initiatives, to guarantee the fulfillment of basic needs.”
Main Characteristics of the System

SUAS identifies situations of vulnerability and social and personal risk, taking into account the multidimensional aspects of poverty.

- Single, decentralized and participatory system
- Precedence of public management
- Financing shares by the three government branches
- Organization of the support network (public and private)
- Social and Family “Matriciality”
- Territorialization
Organization and Delivery of Social Protection by Social Assistance, per level

Riesgos y vulnerabilidad

Risks and Vulnerability

PSB

PSE DE ALTA COMPLEXID AD

HIGH COMPLEXITY PSE

PSE DE MEDIANA COMPLEXID AD

MEDIUM COMPLEXITY PSE

PSB
OBJECTIVES

Prevention of use, treatment and social reinsertion of users of crack and other drugs, contemplating the participation of their family members, and providing care to vulnerable populations.

PLAN’S ACTIONS

Executed in a decentralized and integrated manner, they have as premise preventing use, providing treatment and social reinsertion to users, and fighting the trafficking of crack and other illegal drugs.
DECREE No. 7179, 20 May 2010

IT FINALLY CONCRETIZES, IN THE COUNTRY, THE PARADIGM OF INTERSECTORIALITY IN THE FIELD OF PUBLOC POLICY ON DRUGS

SOCIAL ASSISTANCE IS DEFINITELY CALLED UPON TO WORK ON THIS SOCIAL ISSUE.

BASES: Integration and Articulation
2012 – ‘IT IS POSSIBLE TO DEFEAT CRACK’ PROGRAM

**Prevention**
- Education, Information and Training

**Care**
- Increase the healthcare service offering for users

**Authorities**
- Fight drug trafficking and criminal organizations
MAIN ADVANCES IN SOCIAL ASSISTANCE

- Strengthening of the Specialized Service in Social Approach
- Joint action by the Street Care Centers and Social Approach;
- Strengthening of the network articulation in the territory between SUS and SUAS teams
Problematic Use or Dependency of Crack and other drugs: Why speak about a Social Assistance Policy?
Individual as Subject of Rights and Duties

- EDUCATION
- SOCIAL ASSISTANCE
- WORK
- EDUCACIÓN
- ASISTENCIA SOCIAL
- TRABAJO
- CULTURE
- CULTURA
- SECURITY
- SECURITY
- HUMAN RIGHTS
- DERECHOS HUMANOS
- HEALTH
- SALUD

Integrality
PRINCIPLES AND DIRECTIVES

• Social protection in situations of vulnerability or personal or social risk and violation of rights, associated to the use of crack and other drugs;

• Alignment between social work by the SUAS and healthcare work by the SUS;

• Ethics, respect for dignity and diversity, and non discrimination.

• Contextualization of the situations in a given family, social, cultural and economic reality;
PRINCIPLES AND DIRECTIVES

• Strengthening of relations with family, community and social support networks;

• Respect for autonomy and empowerment in the reconstruction of their life path;

• Singularity and specificity of the situations being dealt with;

• Network articulation to provide car to families/individuals;

• Reduction in vulnerability and social and personal risk.
INTERSECTORIALITY AND POSSIBILITIES FOR SOCIAL WORK IN SUAS TO PROVIDE CARE TO USERS AND THEIR FAMILIES
Prevention:

• Directives/preventive actions regarding alcohol and other drugs in the family.

• Inter-sectoral actions in the territories, especially the most vulnerable.

Precaution:

• Identification, treatment and focus on health.

• Follow-up, together with the health sector, of families in situation of social vulnerability and drug use/abuse in the territory;

• Strengthening of family/community bonds;

• Recommendations for social benefits

• Networked actions with other policies (education, employment and income generation, among others);
Special Social Protection - CREAS

- Identification, in the care service for families in social risk, of situations where crack and other drugs are used; sensitization and focus on healthcare services;

- HEALTH-INTEGRATED MONITORING of situations of social risk (violence, MSE, etc.) and the use of drugs;

- Reduction of social risk;

- Reconstruction/Strengthening of family bonds;

- (Re) design of the life path, prevention of exacerbations, expansion of other life areas (social, work, leisure, etc.), capacity building;

- Collaboration with resources to support users and families of the community (for example, AA, NA, etc.)

- Collaboration with the social assistance network, with the sector-based policy network (education, work and income generation, among others), and bodies for the defense of human rights where appropriate
"Daytime Care" for people in the streets

- **Spaces:** hygiene, diet, storage of belongings;

- **Social work to:**
  - Build a gradual process to get out of the streets, articulated with shelters/public networks and other policy networks;
  - Strengthen autonomy and the construction of life projects;
  - Return to family/community life;
  - Joint work with the health area to provide follow-up to people living in the streets and who abuse/are dependent on crack and other drugs, even after a hospitalization period to treat their chemical dependency;
  - Social benefits;
  - Routes to access basic documentation.
• Shelters for people in the streets that do not require continuous healthcare until it is possible for them to transition back to their family or independent life:

• Strengthening, rescue or construction of new family bonds

• Construction of a process to leave the streets: autonomy, access to rights

• Must work in close coordination with the POP Center

• Strategic spaces to: Identify situations of drug use, followed by sensitization and health follow-up; development of preventive actions in health, including drug use.

• Articulation with the health network, to carry out appropriate actions in follow-up situations including health (treatment)
Thank You!

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