

POLICY COMMENTARY

Open Arms Program: An Innovative Approach for an Open-Air Illicit Drug Market in Central São Paulo

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The article will present the ‘Braços Abertos’ (Open Arms) program, a multidisciplinary urban policy in São Paulo, Brazil, created as a novel, harm reduction-based response to an open-air drug market in order to draw general lessons to urban drug policies.

Firstly, it will describe the characteristics of this open-air drug market pejoratively known as ‘Cracolândia’ (Crackland), and of its dwellers, most of them with a lifelong trajectory of social exclusion. They lived under the violent rule of both police and the powerful criminal organization which controls drug supply. It will also address the failed *mano dura* approaches implemented by different administrations.

The second section will describe the principles that underpinned the design of the program, which brought a major change in policy goals and its evaluation metrics: from ‘cleaning the area from the unwanted’ to ‘improving people’s living conditions.’ This new focus aimed at building trust between public services and their beneficiaries with a low-threshold approach and from it derived the program’s three major pillars: (i) housing, (ii) protected employment, and (iii) connection with existing health and social assistance services in the ground. It will also present the main implementation hardships and the delicate balance with the politically opposed State administration, which controlled the police forces.

Thirdly, it will present the main results from the three-year program (2014–2016), from addressing basic illnesses to reducing street crime in the region.

The article will also discuss the political conditions that led to the dismantling of ‘Braços Abertos’ by the succeeding administration, and its legacy as a non-violent, trust-building policy in a problematic urban space.

Finally, it will conclude by presenting general lessons regarding policy responses to urban drug-use scenes and open-air markets that can be drawn from the experience.

Keywords: Crack-cocaine; open-air drug markets; protected employment; housing; welfare

Introduction

This policy commentary will present the ‘Braços Abertos’ (Open Arms) program, a multidisciplinary urban policy that provided housing, supported employment and connection with health and social services to people who use drugs in the area pejoratively known as ‘Cracolândia’ (Crackland) in São Paulo, Brazil. In order to build trust between the community and public services, the program was designed and implemented with the direct participation of its target population. It was underpinned in the harm reduction principle of minimising the negative consequences of drug use and of drug policies, providing essential social and health support and protection from violence associated both with illicit markets and with its repression.

Due to its political sensitivity and unorthodox approach, the program gained prominence in the national debate on drug policy and public safety, as both its critics and supporters pushed to amplify their views on what was going on in the field: advocates of abstinence-based therapies fiercely opposed the program’s harm reduction approach, and the neighbours’ association complained about the perceived laxity on urban disruption and public insecurity caused by the open-air drug market. On the other hand, drug policy reformers adopted Open Arms as their showcase program due to its non-violent, pragmatic and integrated approach.

After three years, the results were encouraging and the program was well regarded by the general public, but it could not distance itself from traditional, drug-free policy metrics and was directly targeted by the electoral process, eventually leading to its dismantling by the succeeding administration. Hence, it exposed the difficulties to conduct evidence-based drug policy in a highly polarized political environment. However, it also presents valuable lessons on policy responses to illicit economies based on principles of urban peace, such as the need to include target groups in policy design and implementation, and highlights the disruption and ineffectiveness of violent public interventions.

The mayor of São Paulo played a major role in the design of the program during 2013. In its early days, theoretical foundations mattered less than solving daily operational challenges. For that reason, there is scarce documentation and academic literature on the program, a gap the authors intend to bridge with this article. For the same reason, most of the information presented here is based on personal communications from city government officials and field workers and, especially, on the authors' first-hand experience as partners with the Federal Government Drug Policy Office, and later, as members of the program managing board.

The article will be divided into five parts. Firstly, it will describe the characteristics of people in the perimeter and the strategies adopted by several administrations to address the situation. Secondly, it will present the *Braços Abertos* major pillars and implementation difficulties. Thirdly, it will present the program's main results in its three-year run. Fourthly, it will discuss the political conditions that led to the dismantling of the program, and its legacy as a viable policy response to this specific illicit drug market, based on the concept of urban peace rather than the usual violent, segregating approach. Finally, it will draw general policy lessons from the experience.

Background: Cracolândia at the crossroad of Urban Peace and Public Health

São Paulo, the largest and most prosperous city in Brazil, home of around 20 million in its metropolitan area, is a city of contrasts. In its centre, luxury cars arrive at the elegant concert hall built inside the old train station, while concertgoers try to avoid looking across the street. No more than 100 meters away, hundreds of people roam around what is considered the largest open-air drug market in the country. One can find many legal and illegal drugs there. Nonetheless, it became pejoratively known as *Cracolândia*, or crackland, due to the mediatic appeal of its widespread open-air crack use. Located in the Luz district, and counting over 1,600 daily frequenters (Folha de S. Paulo 2020) one cannot, however, pinpoint it on the map. Defined by ethnographers as an example of 'itinerant territoriality' (Frúgoli Jr and Spaggiari 2010), its structure remains mostly constant while changing the exact location due to police interventions, urban policies or drug trafficking dynamics.

The core of what is known as *Cracolândia* is the 'flux,' a community of people gathered to buy, sell and use crack-cocaine, but also where a myriad of negotiations take place with crack-cocaine stones as the main currency (Costa 2015: 70). The absence of strict territoriality and the apparent chaos in the streets are deceptive: there is an internal organization between street dwellers, occasional users, and microtraffickers, enforced by the 'disciplinas' - local leaders, directly involved with drug supply, who often act as informal negotiators with public officials (Costa 2015: 118). While submitting to the rules of PCC, the powerful criminal organization that monopolizes illicit drug markets in São Paulo, the flux itself represents protection both from street violence and law enforcement (Rui 2014: 100). Every time it has to move to another place, a tacit and uneasy equilibrium is eventually reached, and the flux reopens, sometimes just a few meters away from its previous location (Menezes 2016: 35).

Alongside this reality, several investigations of the profile of *Cracolândia* dwellers and regulars in recent years show a consistent pattern of social exclusion: 70% men, averaging 30 years old, living in the streets for more than five years (UNIAD 2020). The same pattern is found in the numerous open-air drug markets that spread throughout urban areas in the country in the last decade, highlighting dismal social and health indicators - almost 80% never completed elementary school; 55% were never tested for HIV, despite a prevalence ten times higher than the general population. Racial bias is also evident, as non-whites are overrepresented in the area: non-whites account for 80% of people in drug-use scenes, but only 52% in the general population (FIOCRUZ 2014: 50). It is no coincidence that the profile of the crack-cocaine user in open-air street markets is remarkably similar to the prison population (DEPEN 2017: 30) and the victims of homicides in Brazil (FBSP/IPEA 2019: 69).

Since the 1990s, the region has become stigmatized as synonymous with degraded urban areas, problematic drug use, and criminality. The Luz neighbourhood is part of the 'old city' of São Paulo, in a region

whose history of degradation dates back to the 1940's when it attracted prostitution and other illegal activities in the area surrounding the train station. Apart from the quotidian skirmishes between people using drugs, small-time drug dealers, the municipal guard, and the Military Police, several attempts were made by City and State administrations to 'clean the area' – by force, if necessary – to no avail. One of the most violent operations took place in January 2012, when a hundred members of the São Paulo Military Police, equipped with service dogs, cars, motorbikes, and horses, launched an operation dubbed 'Sufoco,' or suffocation. According to the Drug Policy Coordinator of the São Paulo State government, the stated objective was to inflict 'pain and suffering' on people using drugs in Cracolândia, thus inducing them to seek medical treatment:¹

'The lack of drugs and the difficulties to remain in the same place will make them seek treatment. How do you manage to get people to seek treatment? Not by reason, it is through suffering. Those who seek help won't handle that situation anymore. Pain and suffering make people seek help' (Estado de S. Paulo 2012).

Indeed, policymakers at the time did not understand why, despite the significant expansion of health services in the area since 2009, the uptake of treatment, particularly for drug addiction, remained low. Outreach health teams regularly walked the streets in the area providing on the spot responses to simple but urgent health issues (tooth pain, minor injuries) and trying to build trust relations with the community that allowed for more complex interventions in nearby health services. By 2012, in a range of two kilometres, there were three walk-in addiction centres with short-stay beds, three primary health care clinics and one specialized infectious diseases surgery.

Despite the publicity and political bravado around these high-profile police interventions, the dynamics of drug use and trafficking in the area suffered only brief interruptions. The immediate effect was to disperse people and create new, small cracklands in the adjacent neighbourhoods, to the chagrin of residents. After a few days, a seemingly indistinct group of people would return to the original perimeter and gather in a nearby street: the flux was reborn, eventually returning to its previous size.

In the aftermath of each one of these 'cleaning' police operations, outreach health teams had to start from scratch: diagnostic and treatment plans were interrupted, trust was lost. The low adherence to treatment of Cracolândia dwellers that puzzled policymakers was thus inadvertently fuelled by the lack of coordination and incoherence of the policies they led. Police interventions, lacking an overarching strategic framework for mitigating harm or managing the effects of dispersing drug markets, merely had the effect of worsening their impacts on surrounding urban peace and public health. A new approach was clearly necessary.

A new approach for an old situation

That was the scenario in January 2013 when around 1,600 people were in and around Cracolândia as the new City administration designed its strategy for the region. The first relevant initiative of the new administration was the opening of a walk-in centre in the heart of Cracolândia where people could sit and lie down to rest in the shade, use clean toilets, take showers, drink water and eat snacks (Kinoshita 2017). Information and referrals to health and social services were also available, but people were not pushed to look for treatment. Drug use was not allowed on the premises. The initiative attracted hundreds of attendees and contributed to rebuilding trust with the local community of homeless people using drugs.

By the end of 2013, a growing number of these people were building shacks on the sidewalk surrounding an abandoned area a few metres away from the new walk-in centre. These shacks were improvised as homes and safe sites for the use and commerce of drugs. Political pressure to clean the area was once again building up, with photos of the shacks making the front pages of major newspapers. After a series of meetings bringing together representatives from the local community, frontline health and social workers and policymakers, including the mayor himself, the administration proposed a new comprehensive strategy for the region. Community leaders had made clear that the two main demands of local dwellers were to be housed in the

¹ It should be noted that widespread condemnation of such an approach as ineffective and a violation of human rights of people who use drugs is one of the rare consensuses in specialized literature. The UNODC-WHO Principles of Drug Dependence Treatment (2008) summarized this position under its Principle 4, 'Drug Dependence Treatment, Human Rights and Patient Dignity,' later expanded in the UNODC-WHO International Standards for the Treatment of Drug Use Disorders (2016) under its Principle 2, 'Ensuring ethical standards in treatment services.'

neighbourhood and to engage in paid work. Accordingly, the City Administration decided to prioritize those people living in the shacks of Cracolândia and based the program on three axes:

1. Housing. People would be relocated to small hotels in the neighbourhood commissioned by the City administration. Families, couples and friends would share rooms as they did in the shacks.
2. Work and income. People would be enrolled in a supported employment program within the City administration, working part-time and receiving weekly payments of around half of the minimum wage. The program also provided food vouchers.
3. Health and social follow up. For each group of 20 participants of the program, a pair of health and social professionals would be responsible for their longitudinal follow up. Each participant would receive a weekly visit to help him, or her, keep up with health care, legal issues and other matters.

In the first days of January 2014, health and social workers registered all the four hundred inhabitants of the shacks and informed them that they would soon be housed in the area and enrolled in a paid work program. A week later, the same health and social workers helped all registered people to move with their belongings to hotels at walking distance from the 'flux.' As each of them signed the agreement with the administration and moved, their shacks were removed. No incidents were registered. The very few who, perhaps incredulous, resisted the offer at first were convinced on the spot by their peers. The program was named 'De Braços Abertos' (Open Arms) following the suggestion of one of its participants. By the end of January 2014, all the shacks had been dismantled. In the following months, another hundred people were also enrolled in the program, half of them illegally occupied a neighbouring building scheduled to be demolished by the State government. Others were highly vulnerable homeless addicts from the flux.

The new administration benefited from listening to the experience accumulated by field professionals and from taking into consideration the habits and demands of those targeted by the new policy. Cracolândia dwellers themselves inspired the idea of using small hotels in the neighbourhood as stable housing. Long before the program launch, they would spend short periods in the same hotels during and after periods of intensive crack use, when they had enough money. A few months after the start of the program, a national epidemiological inquiry with street crack users which asked what they expected from addiction services confirmed that food, access to hygiene facilities and employment were as crucial as health care for them. Additionally, 62% of respondents stressed that the police should have no access at all to the service (FIOCRUZ 2014).

The new approach towards the 'Cracolândia problem' represented a clear shift from coercion to public health and human rights-based drug policies. It recognized the extreme vulnerability of these people and put strategies to improve their living conditions first, irrespective of their drug use. It was also determined to put a stop to violent police interventions which violated human rights and disrupted the work of social and health services. Remarkably, the deal cut by the municipal administration with local leaders was made at the highest level. In addition to the participation of the mayor in meetings with local leaders, high-ranking officials were engaged in the daily implementation of the program. This close participation was crucial to mediate conflicts and to solve impasses arising from the challenges of this novel policy.

As expected, many difficulties arose. Critics attacked the program for offering social benefits such as housing and supported employment for people who used drugs. They sarcastically named the program 'Bolsa Crack' (crack scholarship), implying that public funds were providing for personal drug use. The City administration paid a high political price to sustain the program, particularly in its early life.

The relation between the City and the State administrations was another issue. In Brazil, state governments control the main police forces, and the governor was not only a political opponent of the mayor but also a long-time supporter of repressive policies in Cracolândia. Although the City administration managed to change the approach of the municipal guard towards people using drugs, eventually creating a Harm Reduction Unit, State Police continued to disrupt the work of health and social workers with enforcement-led and often violent operations with no real impact on drug supply.

The need to coordinate all these novel initiatives from different sectors in the administration, each of them with a heavy burden of demands for an 11-million inhabitants city, meant the mayor himself and his direct aides directed a disproportionate amount of time for a program that reached only 500 people. Nevertheless, if other initiatives in the drug policy area seemed overshadowed by Braços Abertos, it was clear that Cracolândia had a symbolic value. Politically, the future of drug policy in the city was at stake.

The program evolved during its three years of duration. The administration realized that as people managed to reduce their use of drugs, they asked to be located further away from Cracolândia, as a means to avoid the proximity of drug use spots. Thus, two hotels belonging to the program were located several kilometres away from Cracolândia. Hotels situated very close to the 'flux' tended to be used for drug trafficking and were substituted for other hotels a few blocks away. Due to several episodes of domestic violence and neighbours' disputes within the facilities, in 2016 the administration deployed round the clock mediators in all hotels. However, the fiscal crisis that began in 2015 in Brazil frustrated the plans for the program's expansion and improvement.²

Impact

Existing information brings a positive record of the effects of the program on the people enrolled and in its neighbourhood. According to official data from the City administration, by 2016, 83% of the people enrolled were receiving health care regularly, a significant outcome for a population with high prevalence of communicable and non-communicable diseases (Teixeira 2018). The same proportion had managed to obtain identification documents, essential for accessing many social benefits in Brazil. The health and social follow up of people enrolled in the program, in addition to the fact that they now had addresses where they could be found, dramatically improved their access to basic social rights. Fifty-three percent of participants who had lost contact with relatives recovered family ties, one of the highlights of the program according to an independent evaluation (Rui 2016). Those enrolled in the program reported to have significantly decreased the quantity of crack used and the time they spent using drugs. The average consumption of crack-cocaine fell from 41 to 17 'stones' per week (Teixeira 2019).

While the profile is essentially the same (Rui 2016: 11), the Braços Abertos participants were sleeping better, having better access to healthcare, using fewer drugs and being connected to other welfare services, in comparison with the average Cracolândia dweller. When asked to evaluate the impact of the program in their lives, 95% of participants responded that the effect was 'positive' or 'very positive.' Health and social workers received the most favourable evaluation from participants, while the housing conditions fared worse among them.

While crime reduction was not a stated metric of the program, the Military Police reported a 50% reduction on car burglaries, and 33% reduction in thefts in the district within the first year of the program (UNODC 2015). Property crime rates were up again in 2015, following a general rise in the city, but numbers remained low within the program perimeter, where thefts experienced a 32% reduction in comparison to 2013 (Prefeitura de São Paulo 2016).

However, the limitation on the number of participants meant that most Cracolândia dwellers were not in the program. Besides, given that the City administration has a minimal role in public safety, there was no direct drug supply control component in Braços Abertos, and the open-air drug market remained active if smaller. Hence, local media and opposition parties harshly criticized the program, stating that it did not solve the 'Cracolândia problem,' i.e.: the open-air drug market, even if that was not among the program objectives.

Aftermath and legacy

2016 was a municipal election year. Despite its compelling results and the approval by the general population – in July, a local poll found that 69% of São Paulo residents approved Braços Abertos (Folha de S. Paulo 2016) – the three leading opposition candidates pledged to end the program. Perhaps in hindsight, it was an easy target for the then-emerging right-wing populism, which harshly criticized even basic welfare policies, let alone a harm reduction policy directed to the city's most stigmatized population.

The election winner fulfilled his promise and ended the program, closing most hotels and cancelling the supported work initiatives in his first year of mandate. He also promoted another failed, extremely violent police-led operation in the territory. However, the backlash was intense. As the new mayor triumphantly announced on his Facebook page that 'crackland was over' (Folha de S. Paulo 2017), scenes of people fleeing the area amid police brutality, including a bull-dozer demolishing a building with people inside it, spread quickly through social media. The formation of small 'cracklands' in nearby districts contributed even

² As stated in the introduction, the authors were directly involved in these assessments and in the implementation of the proposed solutions, first as officials from the National Secretary for Drug Policy, who supported the program, and, in 2016, as members of the Open Arms managing board.

further to the debacle, causing the first sharp public opinion defeat to the new administration. An unlikely coalition of academics, health and social workers, public defenders, prosecutors, the Bar Association, and activists protested vigorously and obtained a judicial injunction to preclude the imposition of forced treatment to Cracolândia dwellers and, eventually, to prevent the closure of the remaining hotels (Portal R7 2017, 2018; Conjur 2017).

Besides the predictability of the operation's failure, comparisons with the previous Braços Abertos approach framed the public debate. For the first time, policy evaluation would encompass metrics related to the quality of life of the target population, beyond traditional 'arrests-drug seizures-weapons apprehensions' indicators. The reaction forced the City administration to quickly assemble a program to replace Braços Abertos, called Redenção (Redemption), which would include harm reduction strategies.³ The new program never took off, but below the political radar, some of the previous lines of action were restored, including a supported employment scheme for people referred by the regions' addiction centres.⁴ These services currently lack the centrality, articulation and scale of the former program, but unquestionably represent an essential legacy of Braços Abertos to urban and drug policies.

Given the persistence of the Cracolândia and the popularity of force-based solutions to end it, the conception of a policy based on building trust between field workers and beneficiaries, and whose main objective was not to arrest or seize drugs, but to improve the quality of life of participants was revolutionary. Unfortunately, it did not live long enough to become politically self-sustainable through its results. But some of its principles outlived the program itself, and Braços Abertos remains a reference point for policymakers interested in developing integrated approaches for addressing urban drug use scenes and street markets.

Lessons learned

The Open Arms project can be viewed as an example of integrated urban drug, health and social policy based in the concept of urban peace and harm reduction. It was designed with and for the community of vulnerable people who used drugs in the perimeter known as Cracolândia, historically submitted to violence and exclusion, both related to the illicit drug market and to state repression.

While we must recognize the particular historical, urban and social conditions that conformed the program's design, its difficulties during the implementation phase, and, crucially, its discontinuation even after promising results, general lessons can be drawn from this important experience, regarding policy responses to urban drug-use scenes and open-air markets:

1. Program goals should be centred on the needs of target groups, and program design will be most accurate if community representatives are truly included in early stages. The confidence built between communities and policymakers will also greatly contribute to the engagement strategies;
2. Engagement also benefit from a stable team of field workers, who tend to establish personal relations with beneficiaries and boost mutual trust and confidence in the program goals;
3. Violent, security-based approaches disrupt trust between communities and public services and jeopardize the work of health and social outreach teams. Conversely, strategic policing is essential to coordinate policy goals between different agencies;
4. Policy design must take into account the multiple stakeholders with legitimate or illegitimate interests, and policy effectiveness as a peace-building, violence-reducing program is enhanced by adopting a pragmatic approach to the different actors;
5. Implementation hazards will occur, and the program should be flexible enough to accommodate new realities and quick course changes while committing to its principles;
6. Policies based on urban peace principles to address urban illicit markets will likely suffer initial opposition from public security agencies and fuel reactionary political discourses that might hamper the program viability. As such, developing a smart public communication strategy should be of high priority during design and implementation phases.

³ A summary of the 'Redenção' program can be found in the City Administration website (in Portuguese only): <https://www.prefeitura.sp.gov.br/cidade/secretarias/upload/governo/redencao-apresentacao-20-05-2019.pdf>.

⁴ The new supported work scheme is detailed in the City Administration website (in Portuguese only): https://www.prefeitura.sp.gov.br/cidade/secretarias/desenvolvimento/cursos/operacao_trabalho/index.php?p=275903.

Conclusion

The Open Arms project is an example of a non-violent, urban peace-based policy response to an illicit market that has challenged urban, public safety, social, health and drug policies for decades. It was initially designed as a harm reduction policy to address immediate needs of the target population, and evolved to an in-depth, multidimensional program that included housing, protected employment and health and social follow-up.

Policy design and implementation challenges were dealt with by reaffirming the basic principle of establishing trust with the program beneficiaries, recognizing their specific needs and, crucially, by not making participation conditional on abstinence. The program's official goals were not related to drug supply or criminal justice, but to beneficiaries' living conditions, a marked departure from traditional drug policy and illicit market control approaches. This change of focus resulted in an improvement in participants' health and social indicators, and positive collaterals included reduction in individual drug consumption and in street crimes in the region.

However, the program did not survive the electoral process, which approached public attitudes through traditional drug control metrics. As such, the pragmatic approach to the illicit drug market, the low-threshold, non-abstinence-based enrolment rules and the cash payments, fundamental to the program's good results, eventually curbed its political viability under a succeeding conservative City administration.

As we have tried to demonstrate, the program built an important legacy for urban drug policies and is still highly influential in the current national debate on violence reduction, harm reduction and welfare-based drug policies. General lessons can be drawn from the program's 3-year trajectory that may guide political leaders and policymakers willing to implement pragmatic responses to local urban challenges related to illicit markets and vulnerable communities.

Competing Interests

LGMP and LG were on the managing board of the De Braços Abertos Program during the year of 2016.

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