



MINISTÉRIO DA JUSTIÇA  
E SEGURANÇA PÚBLICA  
Assessoria Especial Internacional

# TRADUÇÃO DE LEGISLAÇÃO BRASILEIRA RELACIONADA À ÁREA DE JUSTIÇA E SEGURANÇA PÚBLICA PARA O INGLÊS E O ESPANHOL

Decreto nº 9.761, de 11 de abril de 2019.

Aprova a Política Nacional sobre Drogas.

VERSÃO EM INGLÊS





## Projeto da Assessoria Especial Internacional

Como forma de divulgar o arcabouço legislativo brasileiro a autoridades estrangeiras e a Organismos Internacionais e, ainda, de aprimorar a cooperação internacional, em diversas áreas, a Assessoria Especial Internacional do Ministério da Justiça e Segurança Pública desenvolveu projeto para a compilação e tradução<sup>1</sup>, para os idiomas inglês e espanhol, de parte das legislações brasileiras relacionadas às áreas de Justiça e Segurança Pública. A seleção das leis traduzidas ficou a cargo das áreas técnicas do Ministério, levando em consideração, igualmente, trabalhos já realizados por outros órgãos brasileiros, os quais serão disponibilizados como link externo no site da Assessoria Especial Internacional.



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<sup>1</sup>Traduções não juramentadas ou oficiais.



**DECREE nº 9.761 of April 11th, 2019.**

**Approves the National Drug Policy.**

The **PRESIDENT OF BRAZIL**, in the use of the powers conferred by article 84, head provision, items IV and VI, subitem "a", of the Constitution, and considering the provisions of Law nº 11,343 of August 23<sup>rd</sup>, 2006,

**DECREES:**

Art. 1. The National Drug Policy (Pnad in Portuguese) is approved, in the form of the [Annex](#), consolidated from the conclusions of the Inter-ministerial Technical Group established by the National Drug Policy Council, in Resolution nº 1 of March 9<sup>th</sup>, 2018.

Art. 2. The bodies and entities of the federal government shall consider, in their plans and actions, the assumptions, general definitions, and guidelines fixed in the [Annex](#).

Art. 3. The National Secretariat for Drug Care and Prevention of the Ministry of Citizenship and the National Secretariat for Drug Policy of the Ministry of Justice and Public Security shall articulate and coordinate the implementation of the Pnad, within the scope of their jurisdictions.

Art. 4. [Decree nº4,345 of August 26th, 2002](#), is repealed. This decree comes into force on the date of its publication.

Brasilia, April 11<sup>th</sup>, 2019; 198<sup>th</sup> of the Independence and 131<sup>st</sup> of the Republic.

JAIR MESSIAS BOLSONARO

*Sérgio Moro*

*Luiz Henrique*

*Madetta Osmar Terra*

*Damara Regina Alves*

**This text does not replace the one published in the Federal Gazette of 4.11.2019 - Extra edition**

**ANNEX**

National Drug Policy.

**1. INTRODUCTION**

Drug use today is a worldwide concern. Between 2000 and 2015, there was an increase of 60% in the number of deaths directly caused by drug use <sup>[1]</sup>, which depicts only one of the consequences of the



problem. This condition extrapolates individual issues and constitutes a serious public health problem, with repercussions in the many segments of society. The public security, education, health, justice system, social assistance, among other services, and family and social spaces are repeatedly affected, directly or indirectly, by the reflexes and consequences of drug use.

Regardless of the issues of gender, age, geographical space, or social class, although these specificities have distinct implications, drug use has expanded considerably in recent years and requires repeated concrete actions by the public authorities, through the elaboration of effective strategies to provide answers within this context. Such actions must be carried out in an articulated and cooperative form, involving the government and civil society, reaching the spheres of prevention, treatment, reception, recovery, support and mutual aid, social reintegration, actions to combat trafficking and organized crime, and expansion of public security.

The proposal to address this problem necessarily requires the recognition of the context that in recent years, at the national and international level, it is possible to identify the increase in illicit drug markets <sup>[2]</sup> and it is necessary to consider all its implications for border monitoring, public security, and the repression of drug trafficking.

Among illicit drugs, marijuana is the most widely used worldwide. In Brazil, marijuana is the most consumed illicit substance among the population. In a national household survey, conducted in 2012, 6.8% of the adult population and 4.3% of the adolescent population declared that they had already made use of this substance, at least once. The use of marijuana in the last 12 months is 2.5% in the adult population and 3.4% among adolescents, with 62% of this public indicating experimentation before the age of 18. Furthermore, the use of marijuana, especially in the adolescent public, generates concern due to the harmful consequences of its chronic use, such as greater difficulties in concentration, learning, and memory, depression and anxiety symptoms, decreased motivation, psychotic symptoms, schizophrenia, among others.

Regarding cocaine, 3.8% of adults and 2.3% of adolescents have used it at least once. In the last 12 months, 1.7% of the adult population and 1.6% of adolescents reported having used it. Note that, in 62% of the cases, the experimentation of cocaine occurred before the age of 18. The use of crack was reported by 1.3% of adults and 0.8% of adolescents. In the last 12 months, 0.7% of the adults and 0.1% of adolescents reported it use. It is necessary to understand the limitation of such research, because it is a household sample, which does not consider the population in a street situation, and such a group has its specificities, with a tendency of greater consumption of such substances.

Regarding the worldwide use of licit drugs, tobacco is considered one of the most determining factors in the global burden of diseases. With its use closely linked to cultural issues and user harm, tobacco causes complications to those exposed to its smoke, called passive smokers. In Brazil, there was a 3.9% reduction in the prevalence of smokers from 2006 to 2012. The decrease in the use of tobacco in recent years is representative and may be linked to the implementation of actions aimed at prevention, such as limitations on advertising actions. However, experimentation and regular use begin in adolescence, which indicates a greater need for actions aimed at this public and an increase in control over tobacco marketing among adolescents. The decrease in the use of cigarettes occurs alongside the increasing use of their analogues, such as hookah, especially among adolescents and young people. Entities active in the area of drug use prevention report the increasing use of tobacco derivatives among adolescents and young people. However, this data lacks official statistics the expansion of scientific



studies at the national level. **Marketing** actions, which promote products such as hookah and induce misconceptions about it, may increase the use of these substances, sold without any description of the effects harmful to health [3][4] since actions to regulate their marketing are still incipient. In this sense, given the health, social, and economic harmfulness arising from tobacco and its derivatives, these products' marketing [5] must present the same warning guidelines as cigarettes.

Experimentation with alcohol has begun at an increasingly early age. In 2006, 13% of respondents had tried alcoholic beverages under the age of 15. This percentage rose to 22% in 2012. These data are even more worrying considering the female public, given the increase in the early use among women [6]. Developing strategies aimed at a younger audience is of fundamental relevance, considering that the negative effects of use on this age group are greater when compared to older groups. Moreover, adolescence is a critical and risky period for the onset of use [7]. Additionally, it is necessary to reflect on the fact that there are associated co-morbidities such as depression, which is more prevalent among alcohol abusers. Studies have shown that 5% of the Brazilian population has already made a suicide attempt, of these 24% were associated with alcohol consumption, which indicates the need to act directly on this reality [8].

However, it is still necessary to look closely at other age groups. Deaths caused as a direct result of drug use among the population over 50 years of age represented 27% in the 2000s and increased to 39% [9] in 2015, which indicates the need for strategic actions for different groups.

According to the World Health Organization report (2018) [10], alcohol was the 7th risk factor in the world for years of life lost and the 1st for the DALY indicator (Disability-Adjusted Life Year), which consists of the sum of the potential years of life lost due to premature mortality and the years of productive life lost due to disability.

Giving effective and concrete answers to these contexts is essential since the Brazilian population, in almost its entirety, is favorable to the offer of proposals for free treatments for the use of alcohol and other drugs, in addition to the expansion of existing ones and the increase of the supervision on the trade, both of licit and illicit drugs [11] .

The information regarding the consumption of licit and illicit drugs and their social context indicates the need to update the legislation of public policy on drugs, considering the dynamism of this social, economic, and especially public health problem.

## 2. ASSUMPTIONS OF THE NATIONAL DRUG POLICY

2.1. Incessantly seek to achieve the ideal of building a society protected from the use of licit and illicit drugs and dependence on such drugs.

2.2. The central orientation of the National Drug Policy considers legal, cultural. and scientific aspects, especially the majority contrary position of the Brazilian population regarding drug legalization initiatives.

2.3. Recognize the differences between the user, the dependent, and the drug trafficker and treat them distinctly, considering the nature, quantity of the substance seized, the location and conditions in which the seizure took place, the social and personal circumstances, and the conduct and background of



the agent, considered mandatory along with the public agents entrusted with this task, according to the legislation.

2.4. The unauthorized planting, cultivation, import, and export of illicit drug plants, such as **cannabis**, shall not be admitted in the national territory.

2.5. Treat without discrimination people who use or depend on licit or illicit drugs.

2.6. To make the user and society aware that the use of illicit drugs finances criminal activities and organizations, whose main source of financial resources is drug trafficking.

2.7. Ensure the right to intersectorial, interdisciplinary, and transversal assistance, from a holistic perspective of the human being, with treatment, reception, follow-up, and other services, to people with problems arising from the use, misuse, or dependence of alcohol and other drugs.

2.8. The actions, programs, projects, attention activities, care, assistance, prevention, treatment, reception, support, mutual aid, social reintegration, studies, research, evaluation, and education shall aim to keep people abstinent from drug use.

2.9. To seek the balance between the various guidelines, which make up the National Drug Policy and the National Alcohol Policy, in the various spheres of the federation, classified, in a non-exhaustive form, into:

a) actions to reduce the demand, including prevention, health promotion, care, treatment, reception, support, mutual aid, and social reintegration;

b) policy management actions, including study, research, evaluation, and education actions; and

c) supply reduction actions, including public security, defense, intelligence, regulation of precursor substances, controlled substances, and licit drugs, repression of unauthorized production, fighting drug trafficking, money laundering, and related crimes, including through recovering assets that finance or are results of these criminal activities.

2.10. Expansively seek national and international cooperation, public and private, through the participation of forums on tobacco and its derivatives, alcohol and other drugs, and strengthening relations of multilateral technical, scientific, technological, and financial collaboration, respecting national sovereignty.

2.11. Recognize corruption, money laundering, and organized crime linked to drug trafficking as the main vulnerabilities to be targeted in actions to reduce drug supply.

2.12. Recognize the need to establish plans that allow coordinated actions by the bodies linked to reducing the supply of illicit drugs to prevent the use of the national territory for the cultivation, production, storage, transit, and trafficking of such drugs.

2.13. Recognize the need to establish plans that allow coordinated actions by public bodies and civil society organizations linked to the reduction of drug demand.



2.14. Recognize the need for the promotion and fostering of protective factors against the use, misuse, and dependence of alcohol and other drugs.

2.15. Recognize the family bond, spirituality, sports, among others, as protective factors to the use, misuse, and dependence of tobacco, alcohol, and other drugs, observing the secularism of the State.

2.16. Recognize the need for developing life skills as a form of protection from the use, misuse, and dependence on alcohol and other drugs.

2.17. Recognize the need for awareness of the individual and society regarding risk factors, with effective actions to mitigate these risks at the individual and collective level.

2.18. Recognize that assistance, prevention, care, treatment, reception, support, mutual aid, social reintegration, and other services and actions regarding the use, misuse, and dependence of licit and illicit drugs must reach the Brazilian population, especially its most vulnerable.

2.19. Recognize the need to address the causes and factors of the use, misuse, and dependence of alcohol and other drugs, and promote assistance to those affected by the problems arising from them.

Recognize the need to treat smoking and the use of alcohol and other drugs as a problem concerning childhood, adolescence, and youth, to avoid the initiation of use, and provide assistance to those who use these substances.

2.20. Recognize the need for new forms of approach and care and the use of innovative digital technologies, tools, services, and actions.

2.21. Recognize the need to reach the individual and society, including in forms and places unreached, and seek new means to provide them with information, care, and assistance.

2.22. Recognize the importance of the development, promotion, and support of services and actions at a distance to make the policy on licit and illicit drugs achievable to all, including with the possibility of lower cost to the government.

2.23. Recognize the need to enforce laws and norms on licit and illicit drugs, develop new actions and regulations, especially those related to the protection of life, health, children, adolescents, and young people, including regarding the advertising of licit drugs and the supervision of their sale, advertising, and consumption.

2.24. Recognize the need for tax policies that regulate the consumption, smuggling, and disposal of licit drugs.

2.25. Recognize the need to impose restrictions on the availability of licit and illicit drugs.

2.26. Recognize the need for educating the network related to the National Drug Policy and the National Alcohol Policy in the public and private spheres.

2.27. Recognize the need for studies, research, and evaluations of actions, services, programs, and activities within the framework of the National Drug Policy and the National Alcohol Policy, in the public



and private spheres.

2.28. Recognize the need to maintain monitoring programs for the detection and evaluation of new drugs, synthetic or not, their composition, effects, harm, and target populations to outline prevention, treatment, and supply suppression actions.

2.29. Ensure, by way of the National Council on Drug Policy of the Ministry of Justice and Public Security, the development of strategies, planning, and evaluation of policies, education, social welfare, health, work, sports, housing, culture, traffic, and safety of the public in the fields related to tobacco products, alcohol, and other drugs, using technical analysis and other kinds of knowledge produced by the scientific community.

2.30. Base the coordination of efforts between the various segments of government and society on the principle of shared responsibility, and seek effectiveness and synergy in the result of actions to reduce the supply and consumption of drugs, the social cost related to them, and the adverse consequences of the use and trafficking of illicit drugs and the use of licit drugs.

2.31. Constantly seek improvement, efficiency, effectiveness, and transparency for the programs, projects, actions, and initiatives of the National Drug Policy, especially by the scientific and administrative measurement of its processes, results, and impacts on society.

2.32. Encourage, guide, and propose the improvement of legislation to ensure the implementation and supervision of the actions resulting from this policy.

2.33. Recognize the use of licit drugs as an important factor in the induction of dependence, and because of this, it should be the subject of adequate social control, especially regarding advertising, marketing, and accessibility of vulnerable populations, such as children, adolescents, and young people.

2.34. Ensure, by means of administrative, legislative, and legal measures, the compliance with the provisions of [articles 3 to 6, article 79, article 81, and article 243 of Law nº 8,069 of July 13th, 1990 - Statute of the Child and Adolescent](#) and of the [Convention on the Rights of the Child](#), the General Assembly of the United Nations, enacted by [Decree nº 99,710 of November 21<sup>st</sup>, 1990](#), and especially of article 17 regarding the protection of the child and adolescent, including those in the media, ensuring that the child, adolescent, and young person have access to the information and materials promoting their social, spiritual, and moral well-being, and physical and mental health, promoting the development of appropriate guidelines to protect the child, adolescent, and youth against information and material prejudicial to their well-being, especially regarding legal or illegal drugs.

2.35. Seek to ensure that the Pnad has the character of State Policy and continuously guarantee budgetary, human, administrative, scientific, and governance resources for the development of its actions.

2.36. Seek joint and integrated action between federal, state, municipal, and district bodies.

### 3. OBJECTIVES OF THE NATIONAL DRUG POLICY

3.1. To raise awareness and protect Brazilian society from the social, economic, and public health



damages represented by the use, misuse, and dependence of licit and illicit drugs.

3.2. To raise awareness to the user and society that the use, misuse, and dependence of illicit drugs finances criminal organizations and their activities, which have drug trafficking as the main source of financial resources.

3.3. To ensure the right to the intersectorial, interdisciplinary, and transversal assistance, from a holistic perspective of the human being, for the implementation and maintenance of integrated care, both public and private, with treatment, therapeutic community reception, follow-up, support, mutual aid, and social reintegration of individuals with problems arising from the use, misuse, or dependence on alcohol or other drugs, and to prevent injury to the population, especially those most vulnerable.

3.4. Seek for balance between the different areas that make up the Pnad intersystemic form, in the federative spheres, classified, in a non-exhaustive manner, as demand-reducing public policies (prevention, promotion and maintenance of abstinence, promotion of health, care, treatments, reception, support, mutual aid, social support, and reducing social and health risks, social rehabilitation), and the reduction of the offer (public safety, defense, and intelligence actions, and of the regulation of precursor and controlled substances and legal drugs, in addition to the suppression of the unauthorized production, the fight against drug-trafficking, money-laundering, and other crimes associated with it, including the recovery of assets to fund the government activities when reducing the offer and demand).

3.4.1. The government shall encourage and promote studies, research, and evaluations of public policies and the education of professionals working in the area.

3.5. Consider in public policies in general, the causes and factors related to the use, misuse, and dependence of tobacco and its derivatives, alcohol, and other drugs, and ensure that people affected by the problems arising from their use are treated in an integrated and networked manner, with the aim of maintaining abstinence from drug use.

3.6. Promote and support new forms of approaches and care and the use of digital and innovative technologies, tools, services, and actions, which also provide cost reduction for the government.

3.7. Comply with and enforce laws and regulations on licit and illicit drugs, implement the actions resulting from them, and develop actions and regulations, especially those related to the protection of life, health, children, adolescents, and young people, also regarding the advertising of licit drugs, the supervision of the sale, advertising, consumption, and restrictions on their availability.

3.8. Impose and enforce restrictions on the availability of licit and illicit drugs.

3.9. Propose, maintain, amend, and enforce tax policies to inhibit the consumption, trafficking, and disposal of licit drugs.

3.10. Promote, create incentives and conditions, and support education initiatives of the Pnad network and the National Alcohol Policy, in the public and private spheres.

3.11. Promote, create incentives and conditions, and support initiatives for studies, research, and evaluations of actions, services, programs, and activities within the framework of the Pnad and the



3.12. Ensure, through administrative, legislative, and legal measures, the compliance with the provisions of

[articles 3, 6, 79, 81, and 243 of Law nº 8,069 of 1990 – Statute of the Child and Adolescent](#), and the Convention on the Rights of the Child, of the United Nations General Assembly, enacted by [Decree nº 99,710 of November 21st, 1990, and especially of article 17 regarding the protection of the child and adolescent](#), including those in the media, ensuring that the child, adolescent, and young person have access to the information and materials promoting their social, spiritual, and moral well-being, and physical and mental health, promoting the development of appropriate guidelines to protect the child, adolescent, and young person against information and material prejudicial to their well-being, especially regarding legal or illegal drugs.

3.13. Ensure public policies to reduce the supply of drugs, through coordinated, cooperative, and collaborative action of the members of the Public Security Unified System (Susp) and other bodies responsible for the criminal prosecution in federal entities, including conducting repressive actions and criminal proceedings against those responsible for the production and trafficking of banned substances, in accordance with the provisions of the legislation.

3.14. Educate, inform, and train people, in all social segments, for the effective action in the reduction of the supply and demand, based on validated scientific knowledge and successful experiences, appropriate to the national reality, supporting and promoting services and institutions, public or private, active in training and continuing education related to the use, misuse, and dependence of tobacco and its derivatives, alcohol, and other drugs.

3.15. Understand, systematize, disseminate, and support initiatives, actions, and campaigns to prevent the use of licit and illicit drugs in an operational network, to expand its scope and effectiveness.

3.16. Regulate, evaluate, and monitor the treatment, reception in therapeutic community, assistance, and care of people with misuse of alcohol and other licit and illicit drugs and with chemical dependence, from a holistic perspective of the human being, observing the intersectorality and transversality of the actions.

3.16.1. The multifactorial causes of the use, misuse, and dependence of licit and illicit drugs shall be considered during this process.

3.17. Reduce the negative social, economic, and health consequences, individual and collective, arising from the use, misuse, and dependence of licit and illicit drugs.

3.18. Promote the strategy of seeking abstinence from licit and illicit drugs as one of the factors of reducing social, economic, and health problems arising from the use, misuse, and dependence of licit and illicit drugs.

3.19. Disseminate knowledge regarding crimes, offenses, and infractions related to illicit and licit drugs, to prevent and curb their practice, through the implementation of public policies aimed at improving the quality of life of citizens.

3.20. Fight drug trafficking and related crimes in the national territory, focusing on land, air, and



sea border areas and organized crime linked to drug trafficking.

3.21. Ensure, on a continuous and permanent basis, the fight against corruption and money laundering, as a form of strangling the lucrative flow of illegal activity related to drug trafficking.

3.22. Continuously maintain and update the Brazilian Observatory of Information on Drugs (OBID in Portuguese) to support the development of programs and interventions aimed at reducing demand (prevention, treatment, reception, support, mutual help, and social reintegration), reducing drug supply, protected secrecy, confidentiality, observing the ethical procedures of research and data storage.

3.23. Ensure the efficiency, effectiveness, and scientific and methodological rigor of the demand and supply-reducing activities, by systematically promoting surveys, research, and assessments to be conducted preferably by the bodies of reference for the scientific community and the agencies officially recognized as a center of excellence, or in the treatment, reception, recovery, support and mutual aid, social rehabilitation, disease prevention, and education in the public or non-profit civil society organizations.

3.24. Ensure studies and research to innovate methods and programs to reduce demand and supply.

3.25. Ensure the harmony of Pnad with other public policies related to the topic, such as the National Tobacco Control Policy, the National Alcohol Policy, the National Mental Health Policy, and the National Public Security and Social Defense Policy.

3.26. Regarding the National Tobacco Control Policy, the necessary administrative, judicial, and legislative measures shall be implemented so that the current restrictions on tobacco products, including the health warnings and images of the impact of the harm caused by tobacco and its products can be applied and complied with regarding the byproducts, including the hookah, with a rigorous enforcement of the laws and of the rules, especially concerning the protection of the child, adolescent and young people against the information and material that is harmful to their well-being and health.

3.27. Ensure the intersystemic, intersectorial, interdisciplinary, and transversal character of the National System on Drug Policies (Sisnad), through its articulation with other public policy systems, such as the Unified Health System (SUS in Portuguese), the Unified Social Assistance System (SUAS in Portuguese), the Unified Public Security System (Susp), among others.

3.28. Ensure budgetary resources for the National Anti-Drug Fund (Funad in Portuguese) and other component bodies of Sisnad, for the implementation of Pnad, using the resources arising from the seizure and loss of assets, rights, and values, in favor of the Union, from illicit drug trafficking and other resources destined to Funad.

3.29. Act in a joint and integrated manner between federal, state, municipal, and district bodies.

3.30. Propose and maintain strict standards for those who cause traffic or work accidents resulting from the use of licit or illicit drugs.



## 4. PREVENTION

### 4.1. General orientation

4.1.1. The effective prevention of the use of tobacco products, alcohol, and other drugs, is the result of the commitment, cooperation, and partnership between different sectors of Brazilian society and of the government at the federal, state, Federal District, and municipal levels, based on a philosophy of shared responsibility, with the construction of networks aimed at improving the living conditions and general promotion of the health of the population, promoting social skills and life, strengthening personal ties, promoting protective factors for the use of tobacco products, alcohol, and other drugs, raising awareness protection from risk factors.

4.1.2. The implementation of Pnad, in the field of prevention, should be conducted at the federal, state, Federal District, and municipal levels, with the support of the respective councils of public policies on drugs and of the organized civil society, appropriate to local specificities and prioritizing the most vulnerable communities, identified by diagnoses that consider technical studies, social indicators, and scientific literature.

4.1.2.1. Municipalities, states, and the Federal District should be encouraged by the federal government to institute, strengthen, and disseminate their councils on drugs.

4.1.3. All preventive actions should be grounded in ethical principles and cultural pluralism, oriented towards the promotion of the values focused on the physical, mental, social, individual, and collective health, well-being, socio-economic integration, education, and the strengthening of family, social, and personal ties, promoting social skills, and life, spirituality, the value of family relationships, promoting protective factors in the use of tobacco products, alcohol, and other drugs, considering the different models in a holistic approach to the human being, to promote and maintain abstinence.

4.1.4. All preventive actions should be planned and directed to human development, to encourage education, health, quality of life, and to strengthen individual protection mechanisms, to the access to culture, sports, leisure activities, and the development of spirituality, the promotion and maintenance of abstinence, to the access to knowledge on drugs with a scientific base, considering the involvement of the family, school, and society, and the growth of the actions.

4.1.5. The messages used in educational and preventive campaigns and programs should be clear, updated, and based on scientific evidence, considering the specificities of the target audience, cultural diversities, the vulnerability of certain social groups, including the use of innovative digital technologies and tools.

4.1.6. Prevention policies and actions should stimulate the regulation of the time and places of sale of licit drugs and the taxation of prices as inhibitory factors of consumption, in addition to the restriction of the advertising of such drugs.

4.1.7. Administrative, legislative, and legal measures should ensure the compliance with the provisions of

[articles 3, 6, 79, 81, and 243 of Law nº 8,069 of 1990 – Statute of the Child and Adolescent](#), the



Convention on the Rights of the Child, of the General Assembly of the United Nations, enacted by [Decree nº 99,710 of 1990](#), and especially of article 17 regarding the protection of the child and adolescent, including those in the media, ensuring that the child, adolescent, and young person have access to the information and materials promoting their social, spiritual, and moral well-being, and physical and mental health, promoting the development of appropriate guidelines to protect the child, adolescent, and youth against information and material prejudicial to their well-being, especially regarding legal or illegal drugs.

4.1.8. Smoking and the use of alcohol and other drugs should be treated as a problem concerning childhood, adolescence, and youth, to prevent the initiation of use and ensure the treatment, assistance, and care of those already using these substances.

## 4.2. Guidelines

4.2.1. Ensure the direct continued education through public or private non-profit organizations for the parents or legal guardians and representatives of governmental and non-governmental organizations, non-profit private enterprises, educators, religious people, student and community leaders, federal, state, Federal District, and municipal advisors, and other social actors, on the prevention of the use of licit and illicit drugs, to engage and support prevention activities based on the idea of shared responsibility, including the use of online platforms and the formalization of the partnership within the framework of government and non-profit civil society organizations.

4.2.2. Direct preventive education actions, including in public partnerships or with private non-profit entities, on an ongoing basis, focusing on the individual and his/her sociocultural context, from a holistic perspective of the human being, and seek responsibly and in accordance with the specificities of each target audience

- a) to discourage its initial use;
- b) to promote abstinence; and
- c) to raise awareness and encourage the reduction of risks associated with the use, misuse, and dependence of licit and illicit drugs.

4.2.3. Direct special efforts for children, adolescents, and young people, to ensure their rights to a healthy life and prevention of drug use, in age groups known to be at higher risk, including by supporting initiatives and services of public and private non-profit institutions.

4.2.4. Promote and support prevention actions aimed at improving living conditions and general health, promoting social and life skills, strengthening interpersonal bonds, promoting protective factors for the use of tobacco and its derivatives, alcohol, and other drugs, and awareness and protection against risk factors.

4.2.5. Promote and support actions that promote family bonding, the development of spirituality, and the practice of sports, among others, as protective factors to the use of tobacco and its derivatives, alcohol, and other drugs.



4.2.6. Consider the causes and factors related to the use, misuse, and dependence of tobacco and its derivatives, alcohol, and other drugs in the formulation of preventive actions, activities, and programs.

4.2.7. Treat preventive actions related to smoking and the use of alcohol and other drugs as a problem concerning childhood, adolescence, and young people to avoid the initiation of the use of such substances.

4.2.8. Ensure, through administrative, legislative, and legal measures, the compliance with the provisions of

articles 3, 6, 79, 81, and 243 of Law nº 8,069 of 1990 – Statute of the Child and Adolescent, the Convention on the Rights of the Child, of the General Assembly of the United Nations, enacted by Decree nº 99,710 of 1990, and especially of article 17 regarding the protection of the child and adolescent, including those in the media, ensuring that the child, adolescent, and young person have access to the information and materials promoting their social, spiritual, and moral well-being, and physical and mental health, promoting the development of appropriate guidelines to protect the child, adolescent, and youth against information and material prejudicial to their well-being, especially regarding legal or illegal drugs.

4.2.9. Enforce laws and regulations on licit and illicit drugs, implement actions arising from them, and develop new actions and regulations, especially those regarding the protection of life and health, especially of children, adolescents, and young people, including the advertising of licit drugs, the supervision of the sale, advertising, and consumption, the reduction of hours and locations where licit drugs are available, their taxation of prices as inhibitory factors of consumption.

4.2.10. Promote and support specific actions for the homeless and indigenous populations and pregnant women, aimed at the prevention and protection of life and the promotion of health, through actions and the constitution of services in public and private non-profit institutions.

4.2.11. Promote, encourage, and support the continued education, including through the formation of partnerships with the government and non-profit civil society organizations, with interdisciplinary and multidisciplinary work, the participation of the social actors involved in the process, enabling them to become peer educators, to expand, articulate, and strengthen their social networks, to develop integrated programs for the promotion of the general health and the prevention of the use of tobacco products, alcohol, and other drugs of abuse.

4.2.12. Systematically and continuously maintain, update, and disseminate prevention information on the use of licit and illicit drugs, integrated with OBID and accessible to society, to favor the formulation and implementation of prevention actions, including the mapping and dissemination of good practices existing in Brazil and other countries, evaluated in terms of effectiveness.

4.2.13. Include a permanent evaluation process of programs, projects, actions, and prevention initiatives conducted by federal, state, Federal District, and municipal governments, observing regional and local specificities.



4.2.14. Substantiate campaigns and programs of the prevent the use of tobacco and its derivatives, alcohol, and other drugs in research and surveys on the use of licit and illicit drugs and their consequences, according to the target population, respecting the regional characteristics and specificities of the various population segments.

4.2.15. Expansively seek national and international cooperation, of public and non-profit private organizations, through the participation of forums on tobacco and its derivatives, alcohol, and other drugs, and strengthening relations of multilateral technical, scientific, technological, and financial collaboration, respecting national sovereignty.

4.2.16. Promote and support new forms of approach and care and the use of innovative digital technologies, tools, services, and actions.

4.2.17. Propose the inclusion, in basic, middle, and higher education, of contents related to the prevention of the use of licit and illicit drugs, focusing on the promotion of life, health, social and life skills, the formation and strengthening of bonds, promotion of drug protection factors, awareness, and protection against risk factors.

4.2.18. Prioritize interdisciplinary and continuous preventive and educational actions in the preparation of health programs for workers and their families, and provide opportunities for the prevention of the use of tobacco and its derivatives, alcohol, and other drugs, in the work environment or outside of it, at all shifts, to improve the quality of life and safety in companies and outside them, based on the process of shared responsibility, both of the employee and the employer.

4.2.19. Recommend the creation of incentive mechanisms, fiscal or otherwise, for companies and institutions to develop preventive actions on the use of licit and illicit drugs, including for legal entities that admit professionals from treatment, reception, recovery, support, and reintegration system of alcohol and other drug addicts.

## 5. TREATMENT, RECEPTION, RECOVERY, SUPPORT, MUTUAL HELP, AND SOCIAL REINTEGRATION

### 5.1. General Orientation

5.1.1. The State should stimulate, ensure, and promote actions so that society, including users, dependents, family members, and specific populations, can undertake the treatment, reception, recovery, support, mutual help, and social reintegration with ethical responsibility, supported technically and financially by the government bodies in addressing the misuse and dependence of tobacco and its derivatives, alcohol, and other drugs.

5.1.1.1. Such actions can be conducted directly by the government, at the federal, state, Federal District, and municipal levels, and non-governmental non-profit organizations.

5.1.2. The actions of the treatment, reception, recovery, support, mutual aid, and social reintegration shall be linked to scientific research and should evaluate, encourage, and develop the policies that have obtained the results for the effective guarantee of allocation of technical and financial resources for the implementation of these practices and research in this area, and shall promote the improvement of appropriate care for people with alcohol abuse and drug addiction, both legal and



illegal, in a holistic approach to the human being, to promote and maintenance abstinence.

5.1.3. The General Budget of the Union shall foresee budgetary appropriations in all ministries responsible for the actions of the Pnad and the National Alcohol Policy, which shall be distributed on the basis of assessment of specific needs for the area of treatment, reception, recovery, support, mutual aid, and social reintegration, to stimulate shared responsibility between the government and society.

5.1.4. Promote and ensure the coordination and integration of interventions for the treatment, recovery, and social reintegration through Primary Health Care Units, Outpatient Clinics, Psychosocial Care Centers, Reception Units, Therapeutic Communities, in General Hospitals, Psychiatric Hospitals, Day Hospitals, Emergency Services, Fire Departments, Specialized Clinics, Support and Community Homes, Housing, Attended Support Groups, and Mutual Aid, through the Sisnad, the Unified Health System (SUS), SUAS, Susp, and other systems that are related to both the user and their family members through the distribution of technical and financial resources by the State, at the federal, state, Federal District, and municipal levels.

5.1.5. The continuous, evaluated, and updated education of the governmental and non-governmental sectors involved with the treatment, reception, recovery, support, mutual help, and social reintegration of users, chemical dependents, and their families should be ensured, using financial resources from the Union, states, municipalities, and the Federal District, to multiply knowledge in the area.

## 5.2. Guidelines

5.2.1. Develop and make available databases with up-to-date scientific information to support the planning and evaluation of prevention, treatment, recovery, reception, support, mutual aid, and social reintegration practices under the responsibility of public, private or non-governmental non-profit organizations. This information shall have regional, state, municipal, and Federal District coverage or, if necessary, be georeferenced, with wide dissemination and easy access, providing information secrecy.

5.2.2. Define minimum standards that regulate the functioning of institutions dedicated to treatment, reception, recovery, and social reintegration, in any models or forms of action, monitor and supervise the compliance with these standards, respecting the scope of action of each institution, from a holistic perspective of the human being, observing the intersectorality and transversality of the actions.

5.2.2.1. This process shall consider the multifactorial causes of the use, misuse, and dependence of licit and illicit drugs to promote and maintain abstinence.

5.2.3. Establish evaluation procedures for therapeutic and recovery interventions, based on common parameters, to allow the comparison of results between the various forms of intervention, their actions, and the services offered.

5.2.4. Develop, adapt, and implement various modalities of treatment, reception, recovery, support, mutual aid, and social reintegration of users of tobacco and its derivatives, alcohol, and other drugs, including their families, to the specific characteristics of different groups, including children and adolescents, adolescents in socio-educational measure, women, men, LGBTI population, pregnant women, elderly people, homeless people, people at social risk, people with co-morbidities, prison



population and egresses, sex workers, and indigenous populations, through technical and financial resources.

5.2.5. Stimulate and support, including financially, the work of therapeutic communities of voluntary adherence and permanence by the individual, of a residential and transitional character, including entities that congregate or represent them.

5.2.6. Stimulate and support, including financially, the improvement, development, and physical and functional structuring of Therapeutic Communities and other entities of treatment, reception, recovery, support and mutual aid, social reintegration, prevention, and continued education.

5.2.7. Stimulate the work of residential institutions of temporary support, created as an intermediate stage in recovery, dedicated to social and occupational reintegration after an acute therapeutic intervention period.

5.2.8. Propose, through legal provisions, including tax incentives, the establishment of partnerships and agreements involving federal, state, municipal, and Federal District governments that enable the performance of public, non-governmental, or private non-profit institutions and organizations that contribute to the treatment, reception, recovery, support and mutual aid, social reintegration, prevention, and continued education.

5.2.9. Stimulate and support actions and services aimed at persons imprisoned, ex-penitents, or those subject to administrative penalties.

5.2.10. Ensure the partial allocation of resources from the collections of Funad, composed of resources derived from the appropriation of goods and values seized as a result of the crime of drug trafficking, for the treatment, reception, recovery, support and mutual help, social reintegration, prevention, and continued education.

5.2.11. Propose that the National Supplementary Health Agency regulate the health care for mental disorders or abuse of psychotropic substances, to ensure the technically adequate treatment provided for in the National Mental Health Policy and Pnad.

5.2.12. Stimulate and support, including financially, the National Network for Community Mobilization and Support to Family Members of Drug Addicts, in conjunction with civil society groups and entities recognized in this area.

5.2.13. Stimulate and support, including financially, entities dedicated to the training, education, and support of support and mutual aid groups and their facilitators or moderators.

5.2.14. Develop new models of assistance and care, through the accreditation of public or private non-profit entities, to allow this service to reach the population in different points of the national territory, including proposals for services of differentiated target audiences, with financial support.

5.2.15. Stimulate and support the development of new forms of support groups and mutual help, including virtual, to reach the target audience in their own territory, focusing on the autonomy of the user, when possible, to choose the best form to receive assistance to their demand, through platforms



and forms.

## 6. SUPPLY REDUCTION

### 6.1. General Orientation

6.1.1. The substantial reduction of crimes related to illicit drug trafficking, the use of such substances, and the use of licit drugs, responsible for the high rate of violence in the country, should improve the security conditions of individuals.

6.1.2. Continuous actions to combat corruption, money laundering, organized crime, and the management of criminal assets linked to drug trafficking shall be considered the main issues to be addressed in the actions to reduce supply.

6.1.3. Adequate means shall be provided for the promotion of health and the preservation of working conditions and the physical and mental health of public security professionals, including legal assistance, especially through the Integrated System of Education and Professional Development (Sievap in Portuguese).

6.1.4. The continuous actions of repression shall be promoted to reduce the supply of illegal drugs and their use, to eradicate and permanently seize such substances produced in the national or foreign territory, to block the entry of drugs from abroad, destined for domestic consumption or the international market, to identify and dismantle criminal organizations, and to manage criminal assets seized through the actions to reduce supply.

6.1.5. The coordination, promotion, and integration of the actions of the government sectors, responsible for the activities of prevention and repression of illicit drug trafficking, at the government levels, shall guide all who can support, improve, and facilitate this work.

6.1.6. The implementation of Pnad should stimulate and promote the participation and engagement of non-governmental organizations and organized sectors of society, harmoniously with the government guidelines.

6.1.7. The members from Susp, the Financial Activities Control Council of the Ministry of Justice and Public Security, the Department of Asset Recovery and International Legal Cooperation of the National Secretariat of Justice of the Ministry of Justice and Public Security, the Special Secretariat of the Federal Revenue of the Ministry of the Economy, the National Health Surveillance Agency, and other government agencies with responsibilities in supply reduction shall receive unrestricted support for the implementation of its activities.

6.1.8. Permanent interaction between the Sisnad bodies, the Judiciary, and the Public Prosecutor's Office, through the competent bodies, is necessary to expedite the implementation of precautionary protection to avoid the deterioration of the seized property.

### 6.2. Guidelines

6.2.1. Raise awareness and stimulate the spontaneous and safe collaboration of people and



institutions whose bodies are in charge of the prevention and repression of drug trafficking, ensuring anonymity.

6.2.2. Centralize, through the National Information System of Public Security, Prisons, Traceability of Weapons and Ammunition, Genetic Material, Fingerprints, and Drugs (Sinesp in Portuguese), information that allows to promote the integrated and coordinated planning of the repressive actions of the different bodies, make such information available to federal entities, and meet the requests of national and international organizations with which the country maintains agreements.

6.2.3. Stimulate repressive operations and ensure technical and financial conditions for integrated actions between federal, state, municipal, and district bodies responsible for reducing supply, coordinated according to the principles of Susp, without subordination relationship, with the aim of preventing and combating drug-related crimes, including corruption, money laundering, and organized crime linked to drug trafficking, as the target of supply reduction actions.

6.2.4. Increase international cooperation, establish and reactivate protocols and coordinated actions, and promote the harmonization of their laws, especially with neighboring countries, in line with the assumptions, general orientations, and guidelines laid down in the Pnad on supply reduction regarding national sovereignty.

6.2.5. Support the actions of the bodies responsible for investigation, supervision, and control in the federal, state, municipal, and district spheres, to prevent goods and resources from drug trafficking from being legitimized in Brazil and abroad.

6.2.6. Plan and adopt measures to make repression effective and ensure that surveillance and investigation actions are harmonized, by concentrating these activities within the criminal jurisdiction in which the judiciary and the repressive police have adequate technical, financial, and human resources to promote and sustain the continuous action of dismantling criminal organizations and seize, dispose of, and destroy the stockpile of their drugs, assets, and related goods.

6.2.7. Maintain the flow of information between the National Secretariat for Drug Policies of the Ministry of Justice and Public Security and the members of Susp on the movable, immovable, and financial assets seized from drug traffickers, to expedite their use or disposal, through precautionary protection or sentence *res judicata*.

6.2.8. Prioritize actions to combat illicit drugs linked to organized crime, especially in regions with higher homicide indicators.

6.2.9. Control and supervise the trade and transport of inputs that can be used to produce drugs, synthetic or not, through the competent bodies of the Ministries of Justice and Public Security, Health, and Economy, and the state, municipal, and district finance departments.

6.2.10. Curb the unauthorized planting and cultivation of illicit drug plants, such as those of the cannabis genus.

6.2.11. Stimulate and ensure the coordination and integration among the members of Susp linked to Sisnad, to improve policies, strategies, and common actions to combat drug trafficking and related



crimes.

6.2.12. Promote and encourage sustainable development actions to reduce the weight of economic and social vulnerability as a risk factor for the involvement in drug trafficking.

6.2.13. Harmoniously establish common plans, objectives, and goals for the components of Sisnad and Susp responsible for actions to reduce demand, which consider the set of Pnad and the National Policy of Public Security and Social Defense, especially regarding criminal, epidemiological, and intelligence data.

6.2.14. Ensure budgetary resources within the Union, states, and the Federal District for the equipment of specialized police in drug repression and stimulate mechanisms for the integration and coordination of bodies that can provide adequate support to their actions, by evaluating the results.

6.2.15. Intensify the training of Public Security Professionals and members of the Judiciary and the Public Prosecutor's Office, with functions in the areas of prevention and repression of illicit drug trafficking at all levels of government, and stimulate the creation of specialized departments in the activities of combating drugs in the national territory.

6.2.16. Structure, within the framework of Sisnad, the rapid alert system for new drugs, and encourage universities and other research institutions, public or private, to research new drugs, regarding their composition, action potential, toxic potential, health problems, and chemical dependence, among others.

## 7. STUDIES, RESEARCH, AND EVALUATIONS

### 7.1. General guidelines

7.1.1. Necessary means shall be guaranteed to stimulate, promote, carry out, and ensure the permanent development of studies, research, and evaluations with the participation of federal, state, municipal, and district authorities and non-governmental non-profit entities, which allow us to deepen the knowledge regarding licit and illicit drugs, the extent of consumption and its evolution, the prevention of use, repression, treatment, reception, recovery, support and mutual aid, social reintegration, and education, observing the ethical precepts involved.

7.1.2. Necessary means shall be guaranteed to carry out studies, analyses, and evaluations on the practices of public and private interventions, in the areas of prevention of drug use, abuse, and addiction, repression, treatment, reception, recovery, support and mutual aid, social reintegration, education, and supply reduction, with the results guiding the continuity or reformulation of these practices.

### 7.2. Guidelines

7.2.1. To promote and carry out, periodically and regularly, comprehensive and systematic surveys on the consumption of licit and illicit drugs, to encourage and foster the conduct of research aimed at society, considering the territorial extent of the country and the regional, cultural, and social characteristics, in addition to those aimed at specific populations, through public or private non-profit institutions.



7.2.2. Encourage and foster the conduct of basic, epidemiological, qualitative research, and technological innovations developed by governmental and non-governmental non-profit organizations, on the determinants and conditioners of risks and diseases caused by drugs, knowledge regarding licit and illicit drugs, the extent of consumption, and its evolution, the prevention of use, repression, treatment, reception, recovery, support, mutual aid, and social reintegration.

7.2.3. Ensure, through research, the identification of guiding principles of preventive and therapeutic programs.

7.2.4. Ensure that research, surveys, and assessments regarding the use of tobacco and its derivatives, alcohol, and other drugs, contracted by the federal government, and other relevant national and international work are disseminated through the OBID and through printed communication, which allows for the improvement of a reliable information network to subsidize the exchange with regional, national, and foreign institutions, as well as similar multinational organizations.

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