David, Goliath, and the Valley of Elah:

The fight between passion and evidence in drug prevention and treatment in Brazil

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It is a fairly known story: David, the wise and frail defendant of the Jews, had to face the gigantic Goliath in a battle in the valley of Elah to defend his people, their faiths and their beliefs. By using smart tricks such as blinding the giant with sand, or throwing pebbles at his face, David was able to subdue Goliath and obtain victory for his comrades.

But that was worth for biblical needs. In real life, when David meets Goliath other forces – not so simple – may be acting along. This editorial attempts to provide a snapshot of what is happening in the field – or valley – of policymaking and research experience in Brazil. A special focus is on issues related to what guides the expansion of harm reduction programs in the country, and the struggle to develop evidence-based research to guide national prevention and treatment approaches. There is a gap between public policies and evidence-based research in Brazil, and we wish to discuss what has generated or influenced the forces that have driven David and Goliath – the two colliding fields - to meet for a challenge, but also to focus on the valley that exists between them. It is the authors' hope that the examples produced in this paper will suit many international readers, who may be, in some way, dealing with the same sort of agenda.

The issues that generate the battle

Many countries are presently facing a crossroad in the history of policymaking of drug abuse prevention strategies, including the control of licit drug use, including alcohol. For the first time, we may have to deal with opposing forces that are strong enough to generate waves of reaction in both directions. In Brazil right now, defendants of public health policies are suggesting innovative approaches for drug addiction using harm reduction strategies – namely safe injection rooms (1). That approach, which is fairly well accepted based in experiences done in developed countries (2,3,4), is in clear route of collision with Brazilian scientists who work in this field, particularly with regard of its timing in the development of prevention and intervention approaches in the country. Of particular concern here is that one might be dealing with potentially advanced – and eventually paradoxical – prevention approaches, without implementing the basic, simpler, and most evidence-based tactics. One example of such paradox is the present debate on whether to implement "safe injection" houses in the country, where cocaine addicts might be able to inject safely and under supervision of trained staff, with funding provided by government. Such approach is advocated by high level officials of the Brazilian Ministry of Health. Their arguments range from the low density of treatment programs in the country, to the cruel combination of violence, drug use, and marginalization.

Their line of reasoning is that an important network of therapeutic communities and centers for psychosocial care for drug and alcohol abusers has greatly developed in these last years, filling in the gaps of public health in Brazil. We think this logic must be questioned, since such network development has come at the expense of quality and standardization, with a fragile method of controlling the quality of care delivered by such enterprises in Brazil. As members of the scientific community, we must take this approach with a grain of salt, since – although the extreme efforts carried out by the Brazilian government – most of these new centers are short of training and continuous feedback for their staff, as well as thorough evaluation of the quality of care provided.

There is no evidence to prevent us from thinking that the same could happen with regard to safe injection houses.

With regard to data, for example, most policies are made on the basis of numbers ranging from 150,000 to 1,000,000 injection drug users in the country, but these figures have not been confirmed by hard evidence. Different from other countries – particularly of the northern hemisphere – our numbers with regard to drug injection practices might not justify such strong focus on harm reduction practices only, although these practices should of course be part of the health approach menu that should be available in the country. The question here lies on what has been mentioned by Chisholm et al (5), on their recent review about alcohol and public health: not only should we acknowledge there are levels of care for different prevalences, but their implementation must be adapted to the specific culture (5), which means that one should acknowledge the different stages of development of prevention practices that have been achieved by each individual country.

If we cross the valley of debate to see what is on the other side, we will identify professionals who consider such investment of government money a distortion of focus. Laranjeira (6) cites the following arguments: a) Treatment for drug and alcohol addiction works – particularly when qualified professionals, using scientifically tested methodology work in an integrated system, allowing for ample access of patients to treatment. b) There is negligence towards treating drug and alcohol problems in Brazil. In his words, *"the families* [of these patients], *which do not receive support from the government, should feel offended by the suggestion of the Ministry of Health. Their relatives do not receive the proper care, and still will have to live with official government financing for a house of "safe" drug use*.

If treatment works, than injection houses should not be necessary in the present reality of public health among developing countries, unless there is a whole array of systems that allow for scaling the proper care according to the level of need of the client. In that fashion, safe injection houses should be included as one of the steps of treatment and care delivery, ranging from clean injection places to safe detoxification units, day hospitals, home care, and strong outpatient programs, to cite a few. If, however, we take the assumption that "treatment does not work", than we may be seen as "dropping the towel" and resorting to only one possible option – providing safe places for drug use, to lower criminality and HIV/AIDS infections, among other public health problems. This is similar to the analogy of David and Goliath – they were single men representing whole armies. Even so, dropping the towel would mean that we have officially tried the best evidence-based treatment and prevention approaches – both for licit and illicit drugs, and have failed. And, to the authors' knowledge, we haven't.

In Brazil, due to a sense of lassitude that seems to be typical of our culture, particularly with regard to licit drugs, we tend to see our country full of flexible and open compatriots, always ready for a party, but not very fond of rules. Such cliché is particularly explored by the marketing of beer in our country. To use a Brazilian-flavored expression, we use to mention, in a more or less understanding way, that in our country some laws simply "stick or not stick" (either are or not enforced). It is as if this was a matter of national personality: harm reduction being, by definition, a much less authoritarian strategy, it is only obvious that we should adopt it to people that simply is not able to follow rules. However, the truth is that most of the regulations in our

country, from taxation to Driving While Intoxicated laws, simply "do not stick". In this sense, it is not surprising that people do not comply with them. Contrary to this position, one can see a number of occasions where, when a law that makes sense is enforced, under a well arrayed umbrella of prevention, it "sticks" – and people comply with it.

A successful example – the implementation of policies in conjunction with research

A good local example of the matching between research and policymaking in Brazil is the development of a program in the city of Diadema in the state of São Paulo. This program has been successful in reducing alcohol consumption and its association with violent crimes by passing a law which prohibits the selling of alcohol after 11 pm. Data from recent studies have shown that this measure has produced a 50% drop in homicides, and generally all rates related to violence and its association with alcohol abuse have decreased dramatically (7). This points to the fact that there are positive outcomes when policymakers and researchers work side by side, and we should certainly value and praise such type of endeavor. But it also illustrates the fact that with regard to our point of development on the issue of public policies, individual, municipal efforts might have a better chance of success rather than federal efforts aimed at the national level. Research and dissemination of findings play an important role in this issue, by providing the means of testing the efficacy of such approaches and publicizing their results. It is of note that, instead of throwing pebbles (data) at the giant's face, David and Goliath have sat together in Diadema to discuss their different points of view and come out with a reasonable solution that affects both sides. In this example, the valley got narrower.

What generates the big valley?

One of the reasons why such large space exists between policymakers and researchers in Brazil is the lack of local, good quality evidence to generate the baseline for strategy and policymaking in the country. For example, since there is a paucity of data available about the effectiveness of harm reduction programs in Brazil, it is quite understandable that politicians and policy makers may rely on the only evidence that is available – anecdotal data provided by some groups in the country, and a plethora of data provided by researchers around the world – without the proper adaptation for technology transfer that should exist, with respect to our local color and culture. The process of using a technique without the proper adaptation generates incredible biases. In fact, it has been considered a syndrome – the term "Malignant Technology Transfer" has already been coined by one of the authors (8) – to describe the common practice of copying good ideas from outside without the proper cultural adaptation.

There is a strong need for the continuous production of good data in the country, to support government decision regarding treatment strategies and prevention practices. There are some oases in the valley, such as the fine production of research in some university settings in the country, but still most of the land is dry. And Brazil is big. If we go back to the battle between David and Goliath, we will learn that both sides had

their reasons -, but still the question remains: why there is such distance between the two lines of thought, which represent facets of the same concern? Alas, the idea is to generate proper care for individuals in need – but why are they so different? David was frail, but wise and stubborn – and we should be too. In an elegant editorial written for the former British Journal of Addiction in 1990(9), the late Brazilian scientist Jandira Masur asked how the drug scene would be in the next century; after reviewing the anti- or pro- drug liberation groups options, and how they would develop their arguments, she ends up questioning whether one group of protagonists would have persuaded the other, whether the lines of thought would be changed by new facts, and if AIDS would change drug use patterns, among other thoughts. It is amazing that 15 years later David and Goliath are still on the field, struggling for the control of the Valley of Elah.

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