

Good practice in Low and middle income countries, Latin America. The perspective of Brazil

Prof. Dr. Ronaldo Laranjeira
National Institute of Alcohol and Drug Policy



Brazilian National Alcohol and Drugs Survey
BNADS

Direction: Ronaldo Laranjeira

Coordination: Clarice Sandi Madruga

BNADS/LENAD

Brazilian National Alcohol and Drugs Survey



Method

Design

→ Nationally representative repetitive cross sectional study

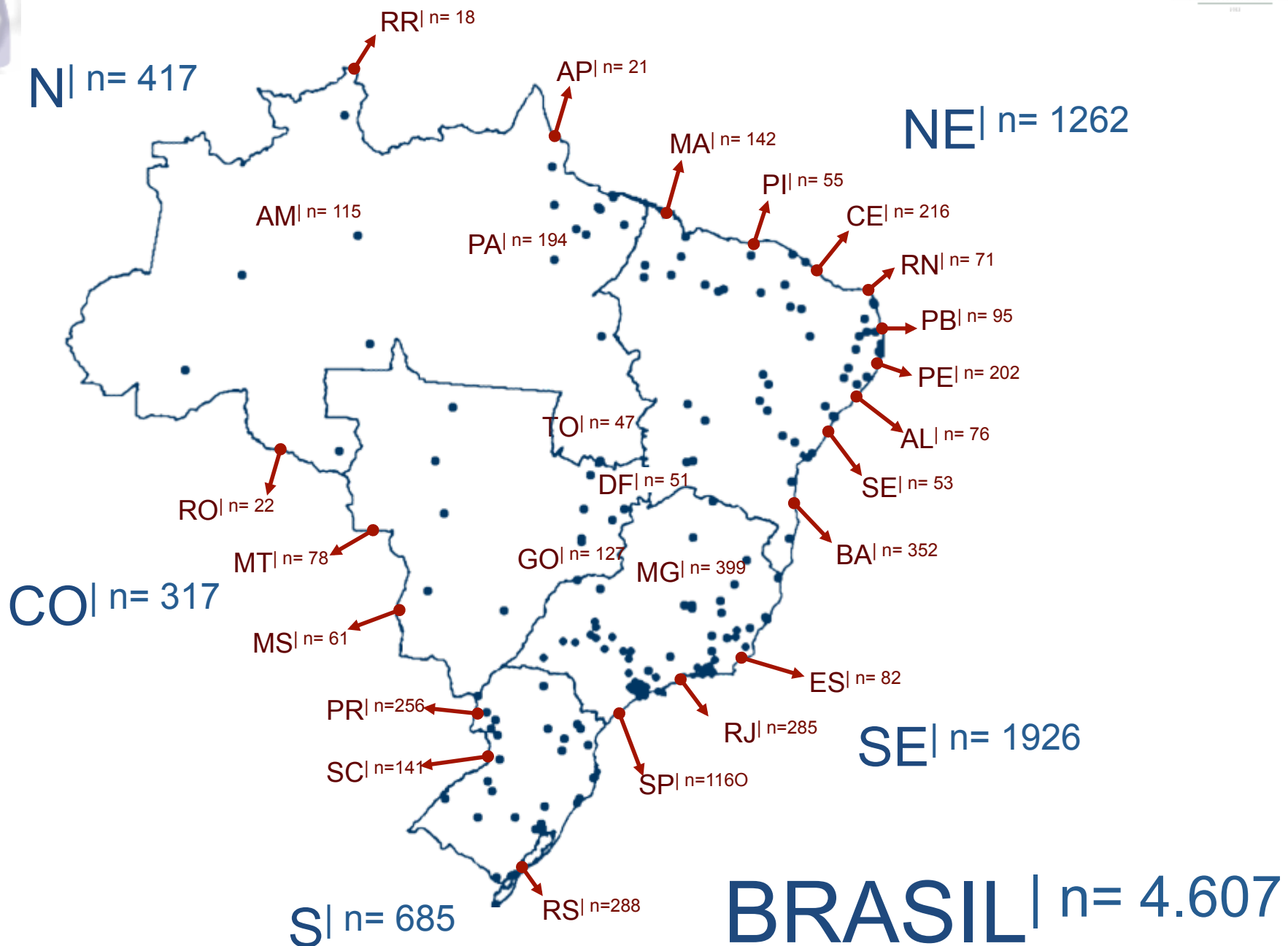
Sampling

→ Multistage cluster sampling

→ Stratification based on Brazilian Statistic Center IBGE

→ 77% Response Rate



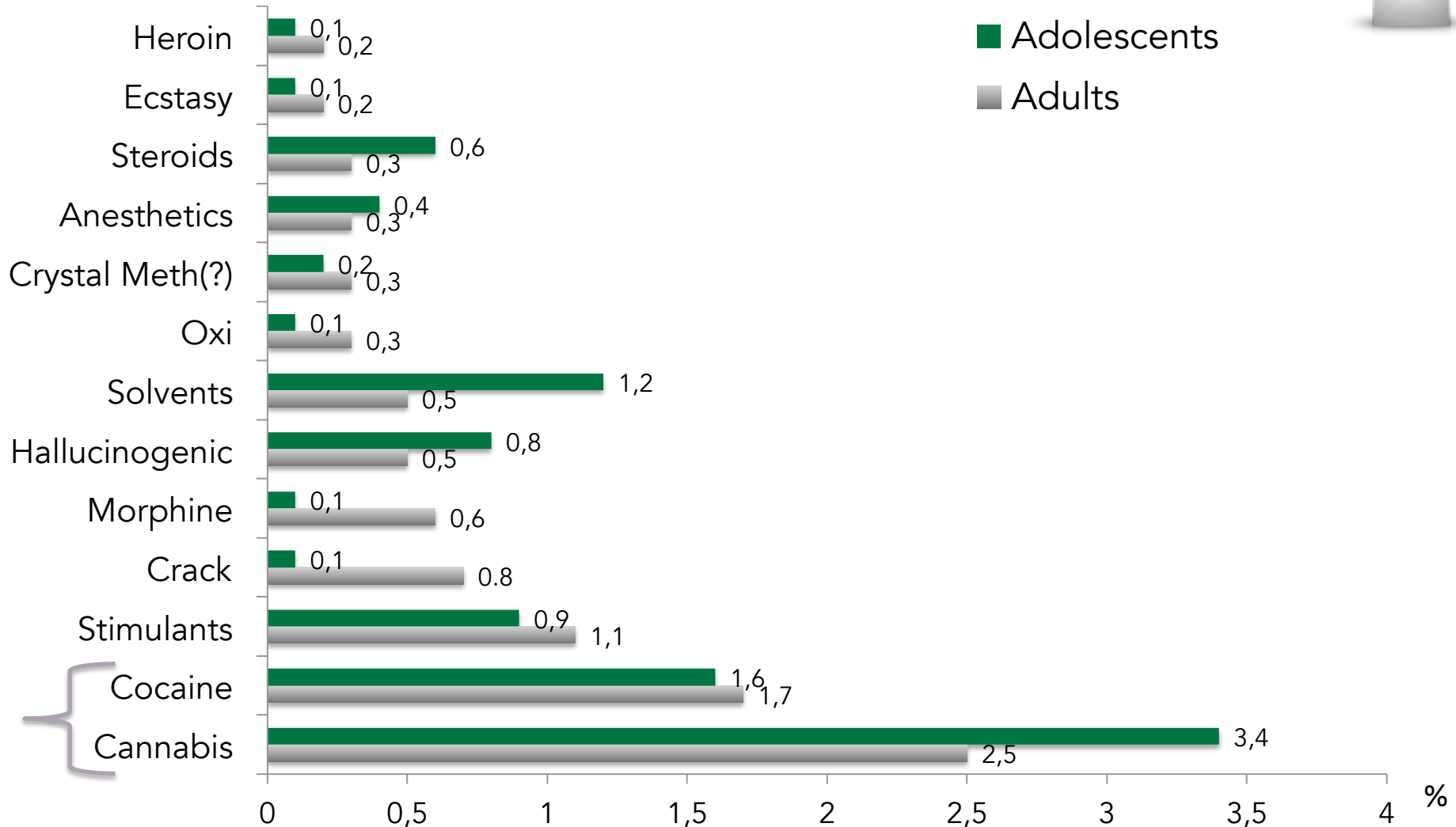


BNADS/LENAD

Brazilian National Alcohol and Drugs Survey



➤ Illegal Drug Use (2012)

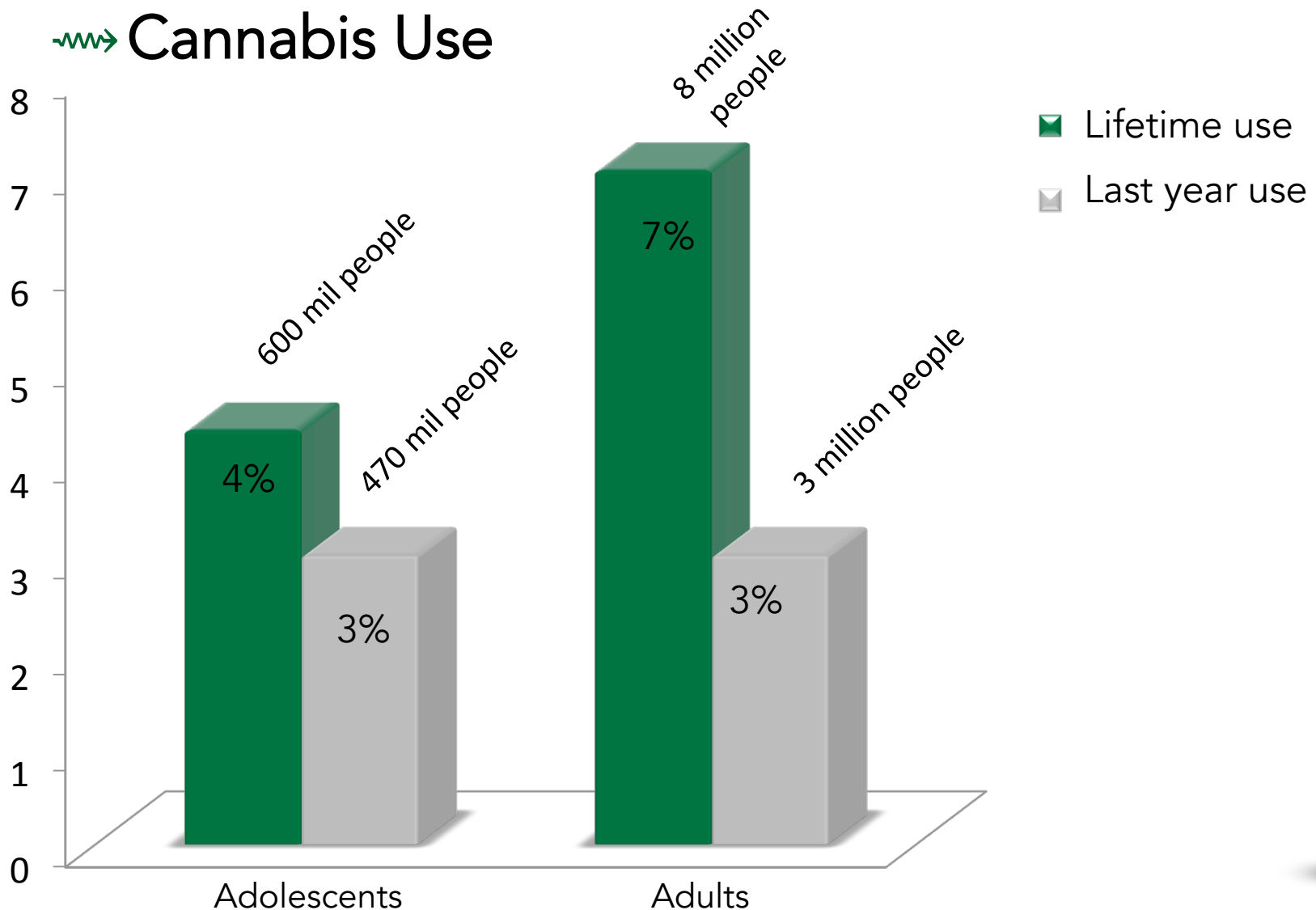


BNADS/LENAD

Brazilian National Alcohol and Drugs Survey



→ Cannabis Use

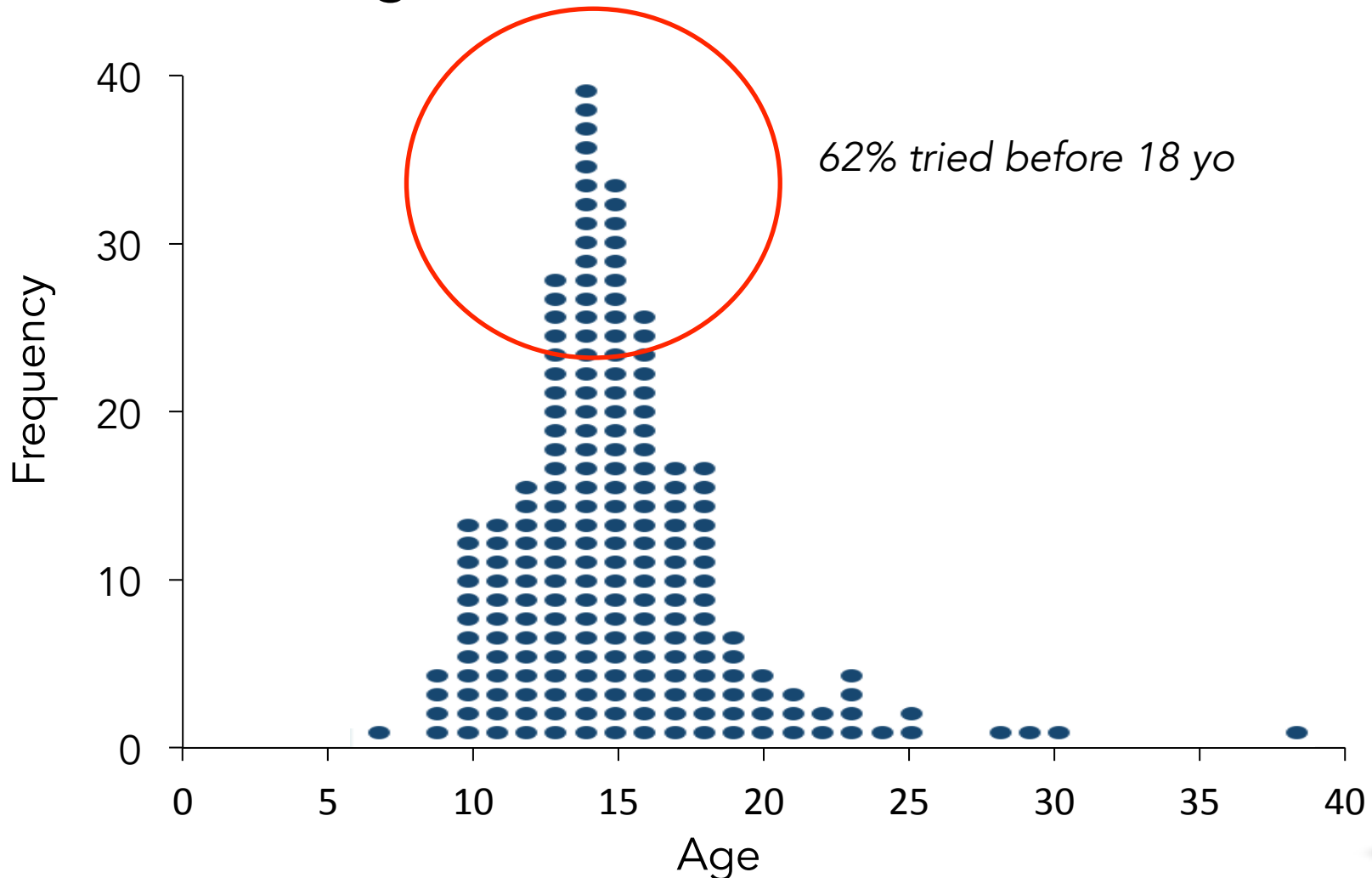


BNADS/LENAD

Brazilian National Alcohol and Drugs Survey



→ Cannabis age of onset

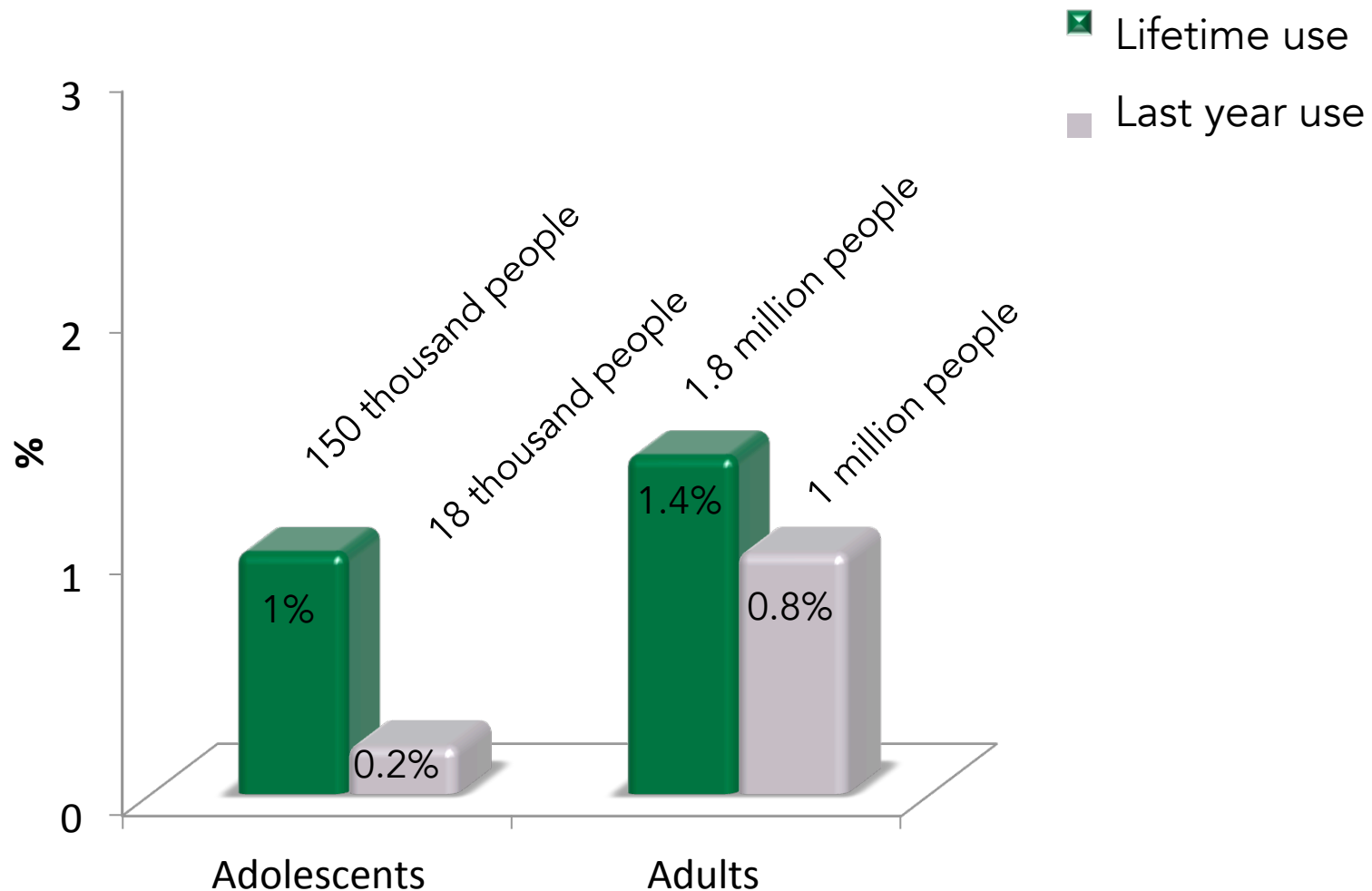


BNADS/LENAD

Brazilian National Alcohol and Drugs Survey



→ Smoked Cocaine



BNADS/LENAD

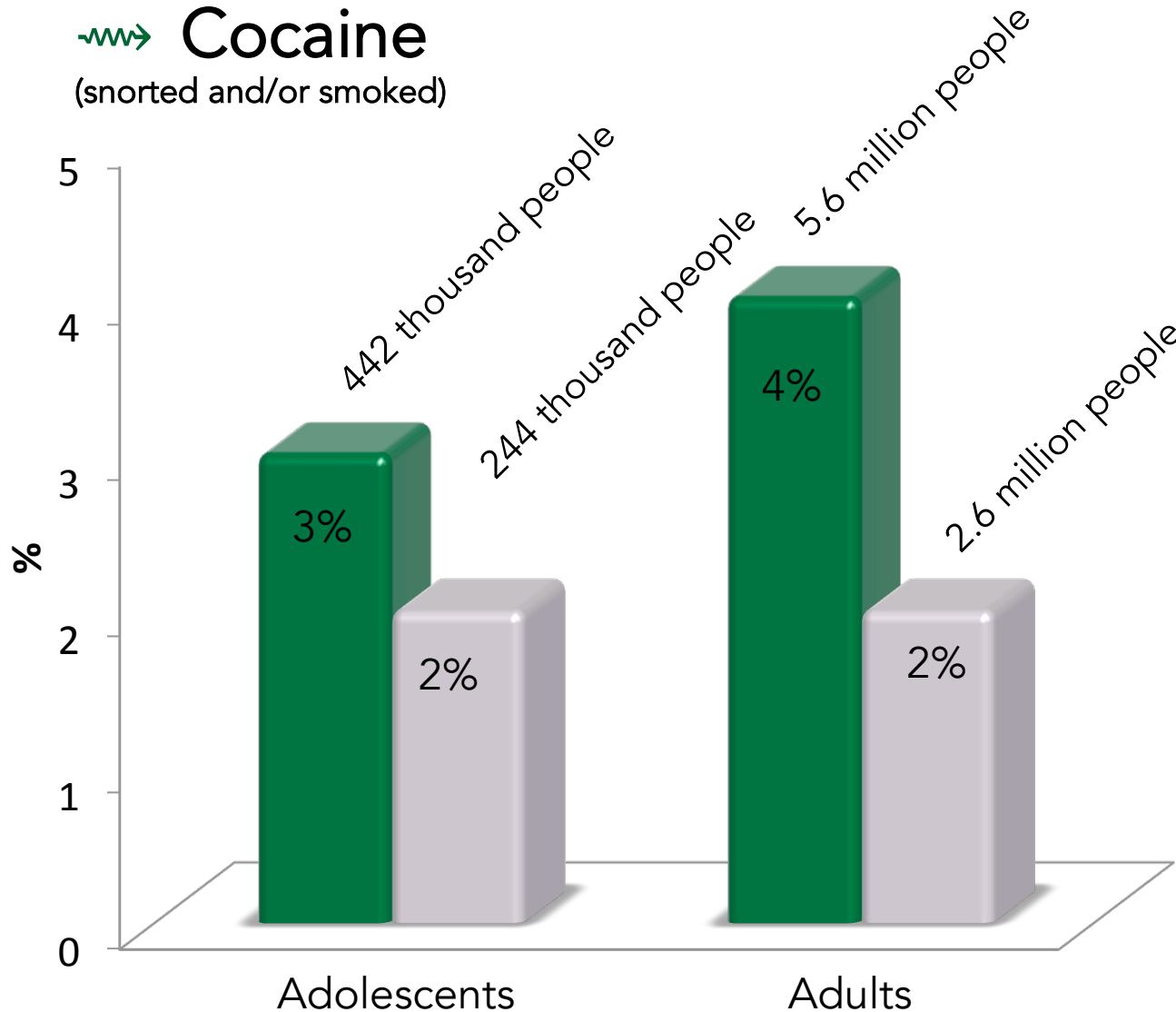
Brazilian National Alcohol and Drugs Survey



→ Cocaine

(snorted and/or smoked)

- Lifetime use
- Last year use



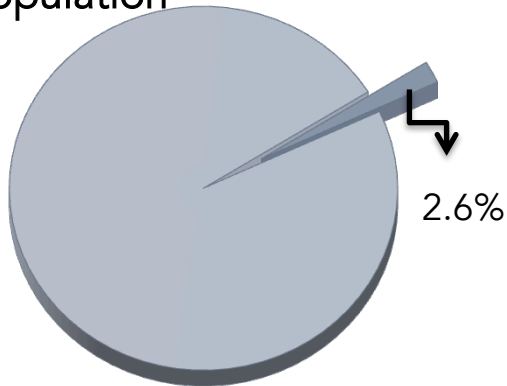
BNADS/LENAD

Brazilian National Alcohol and Drugs Survey

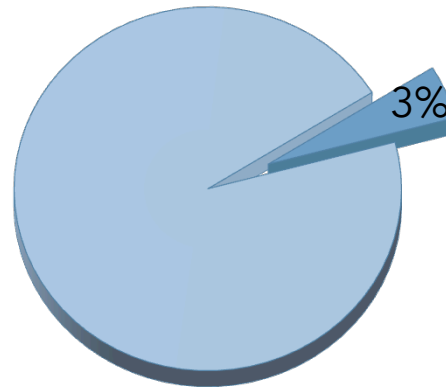


Involved in fights with physical aggression

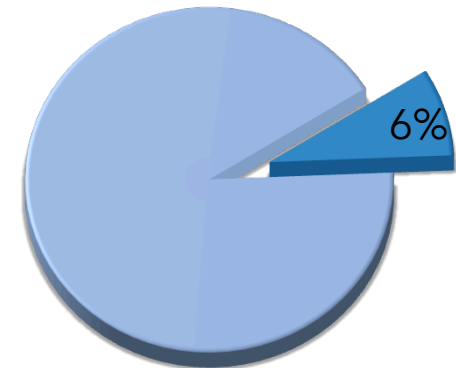
General Population



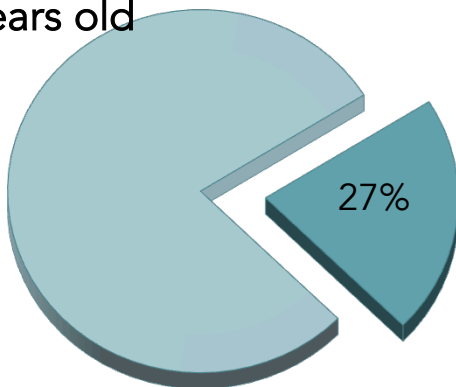
Men



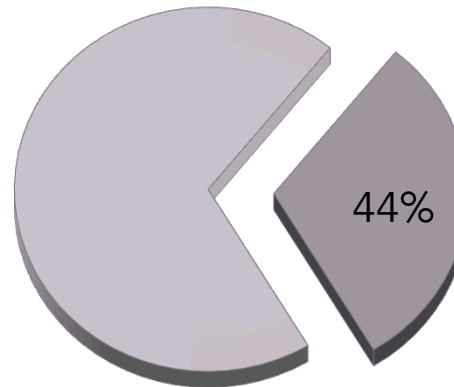
Men under 30 years old



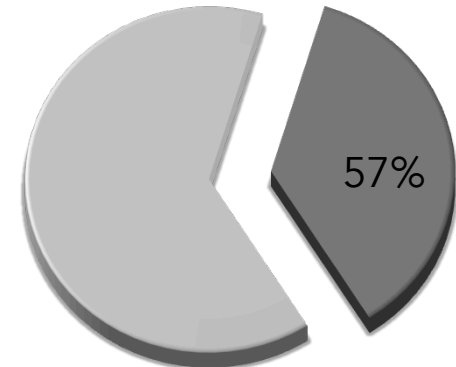
Men, Problem drinkers, under 30 years old



Men that had tried illegal drugs

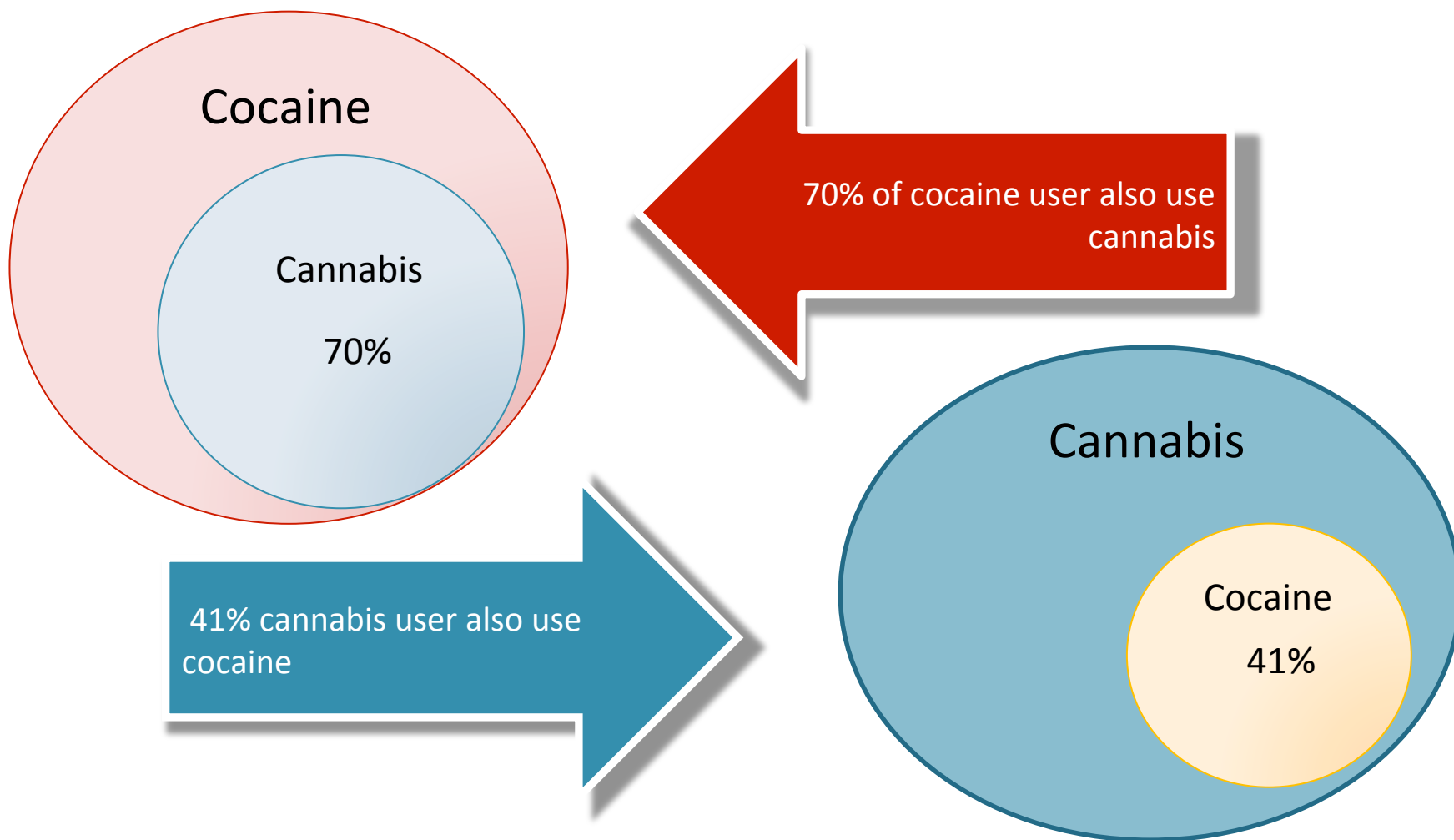


Cocaine users

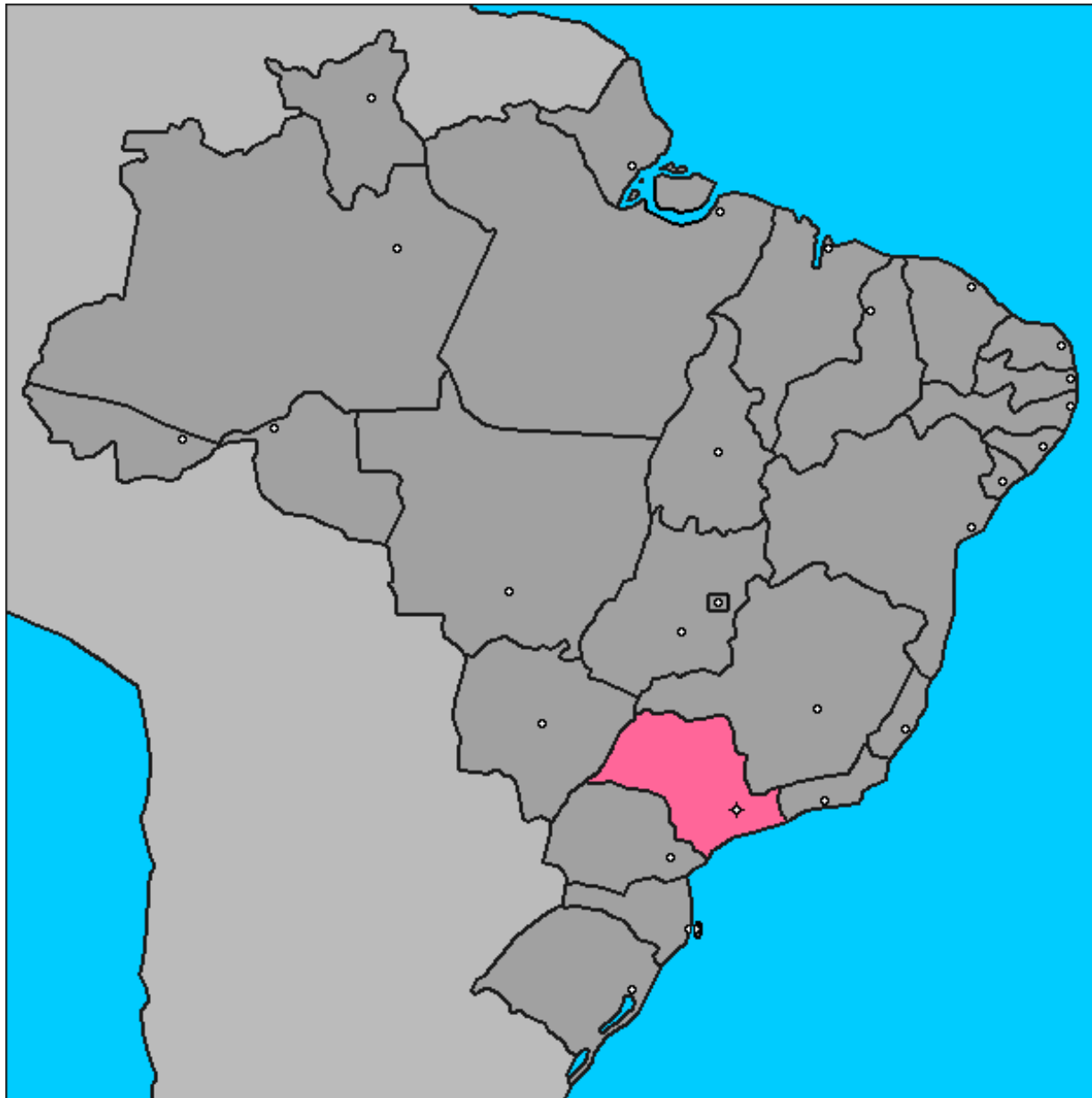




Combined use – last year



2 million people use cocaine and cannabis
1.3% of the population







Crackland – An open market















Editorial - Addiction

Addiction. 2015 Oct 26.

The Brazilian 'Cracolândia' open drug scene and the challenge of implementing a comprehensive and effective drug policy.

Ribeiro M, Duailibi, Frajzinger R, Alonso AL, Marchetti L, Williams AV, Strang J, Laranjeira R.

Author information

KEYWORDS:

Brazil; crack cocaine; drug policy; drug trafficking; law enforcement; open air drug scenes; violence

Recomeço Strategy



STTEPED CARE APPROACH

- ~> Launched in 2013 by SP State Government
- ~> So far it has created:
 - ~> 2 reference centres (CRATOD and Helvetia)
 - ~> 3.000 hospital and rehab beds
 - ~> 80 outpatients clinics (funded by central government)
 - ~> 80 trained street counselors – outreach workers
 - ~> 12 services to offer FAMILY SUPPORT
 - ~> 2500 crack users off the streets

Street Strategy



Recomeço Strategy



Street Strategy



Helvetia Unit Services: Drop in Center

- ~> Feeding
- ~> Hygiene facilities
- ~> Pregnancy tests
- ~> Contraception implants
- ~> HIV/Tuberculosis and Hepatitis C & B tests
- ~> Sports & Fitness
- ~> Experimental kitchen
- ~> Arts class
- ~> Social services



Street Strategy Drop in Center











ACADEMIA











Medical Strategy

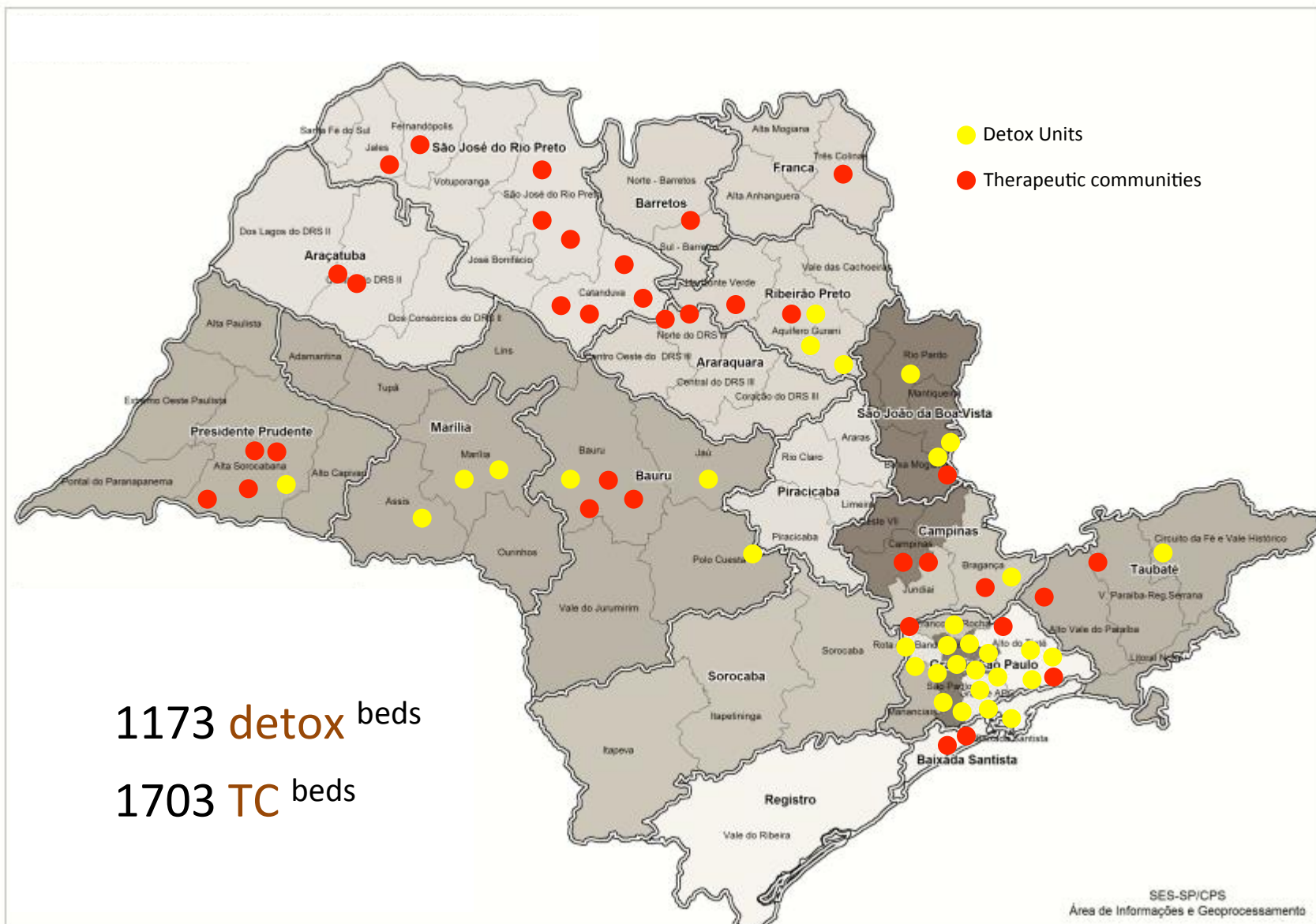


CRATOD Services

- ~> Clinical check up
- ~> Referrals
- ~> Dentist
- ~> Detox
- ~> Pharmacy
- ~> Counseling
- ~> Pregnancy tests
- ~> HIV/Tuberculosis and Hepatitis C & B tests
- ~> Social Services
- ~> Legal Assistance (Judge, Public Defender) **Voluntary Drug counseling**
- ~> 24/7 hotline
- ~> Academic training for healthcare professionals



Restart Program detoxification units (●) and TC (●) across the State of São Paulo





Detox Strategy: 1 month



Therapeutic Community: 6months

INSTITUIÇÃO
PADRE HAROLDO



Rural Therapeutical Community



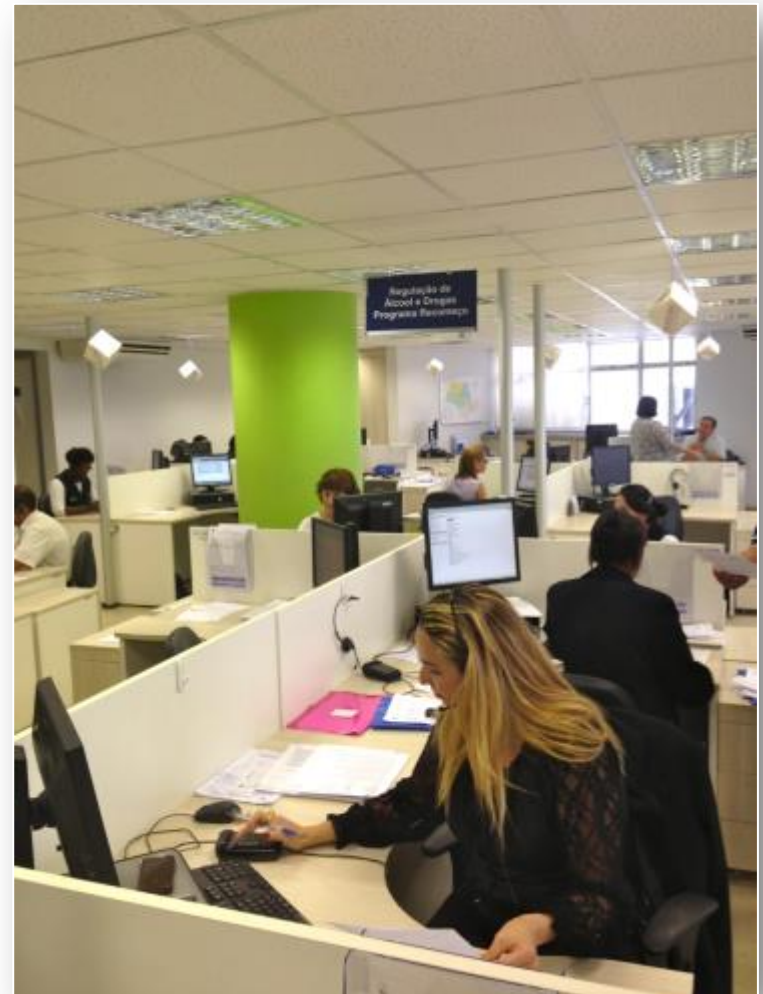




Rural Therapeutical Community- Family Counseling



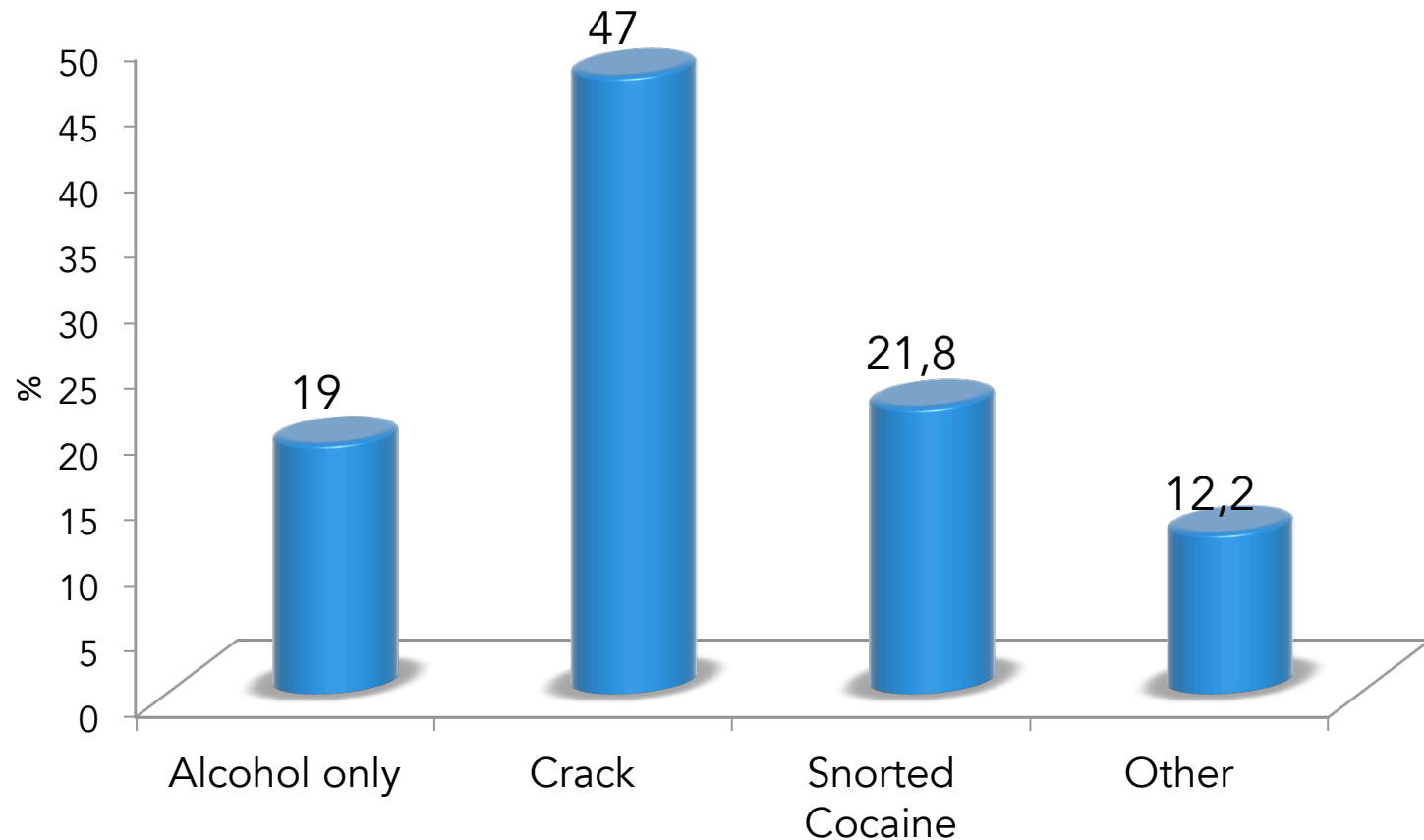
Central of regulation of beds



Recomeço Strategy



→ Patient's profile at CRATOD & Helvetia
Reason for Treatment

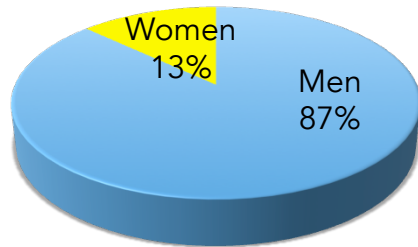


Recomeço Strategy

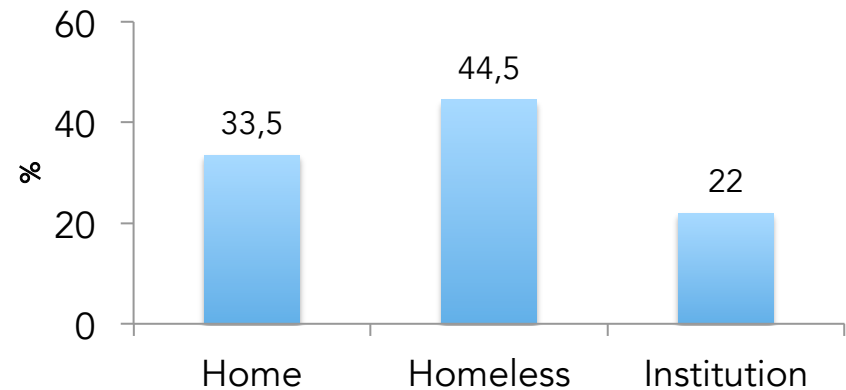


→ Patient's profile at CRATOD & Helvetia *Sociodemographics*

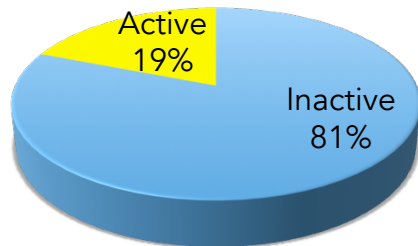
Sex



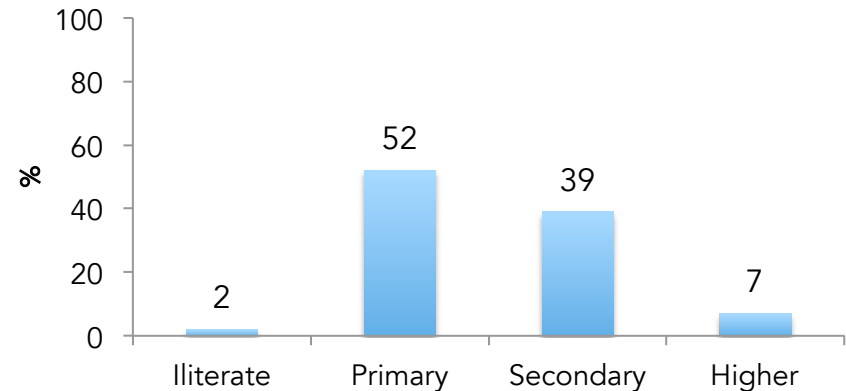
Living Status



Work Status



Education

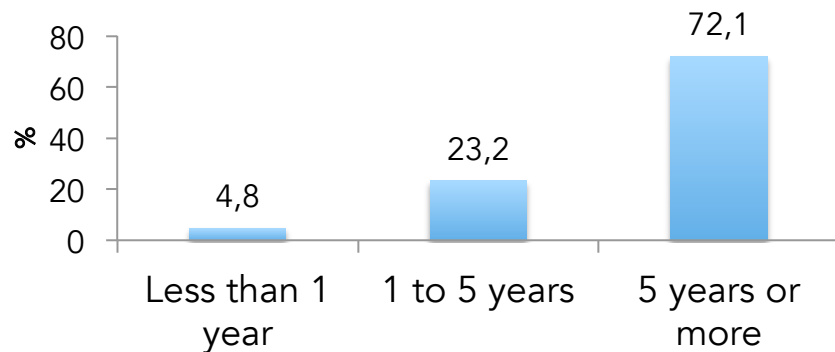


Recomeço Strategy

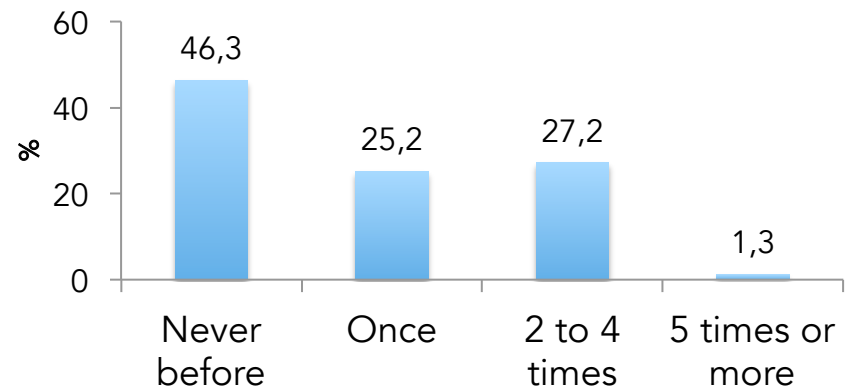


→ Patient's profile at CRATOD & Helvetia *Treatment History*

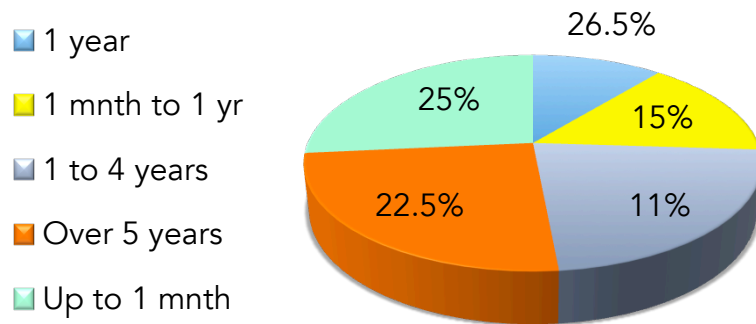
Length of health concern
(self estimated)



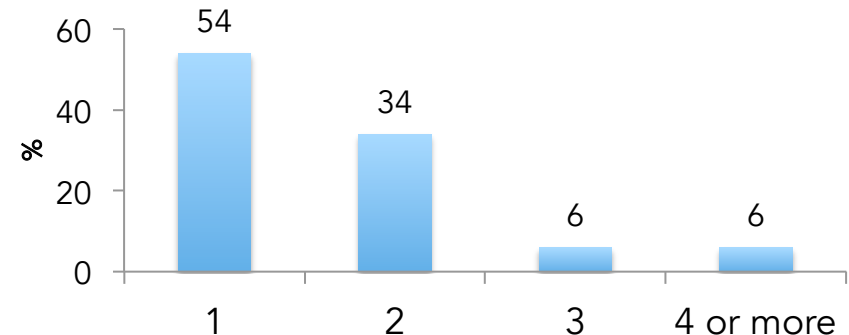
Revolving door effect



Time looking for treatment



Number of previous treatments



Family Support

Drug Alcohol Depend. 2015 Feb 1

Family members affected by a relative's substance misuse looking for social support: who are they?

Sakiyama HM, de Fatima Rato Padin M, Canfield M, Laranjeira R, Mitsuhiro SS

Author information

Abstract

BACKGROUND:

This study proposes to describe family members in the city of Sao Paulo who are seeking support in mutual self-help groups to deal with a substance misusing relative.

METHOD:

Five hundred participants (one participant per family) completed a structured questionnaire collecting socio-demographic information, length of time taken to seek help, and where they sought help. Participants were recruited from the mutual self-help group 'Amor Exigente' in the city of Sao Paulo, Brazil.

RESULTS:

Parents of substance misusers counted as the largest group of family members. It took an average time of 3.7 years for the family members to discover their relatives' substance misuse. 42% had then sought help immediately; it took an average of 2.6 years for the remaining 58% of the sample to seek some form of support. A belief that the substance misuse of their relatives was just a transient problem or that they could cope with the situation by themselves were among the most indicated reasons for delay in seeking help.

DISCUSSION:

Findings stress the importance of implementing services that take into account the difficulties families have in finding help to deal with the substance misusing relative.



**PROGRAMA
RECOMEÇO**
família

ESTADO DE SÃO PAULO





ESTADO DE SÃO PAULO

São Paulo

Região Sul

Região Norte

Região Leste

Região Oeste

Região Central

Campinas

Jundiaí

Ferraz de Vasconcelos

Guarulhos

Francisco Morato



PROGRAMA
RECOMEÇO
família





ESTADO DE SÃO PAULO

São Paulo

Região Sul

CIC Grajaú

CIC Feitico da Vila – Valo Velho

CIC Sul – Jardim São Luís

Região Norte

CIC Norte – Jaçanã

Região Leste

CIC Itaim Paulista

Região Oeste

CIC Oeste – Jaraguá

Região Central

Unidade Helvetia

Unidade Cratod

Campinas

Jundiaí

Ferraz de Vasconcelos

Guarulhos

Francisco Morato



PROGRAMA
RECOMEÇO
família



Family Unit - Recomeço

Only 2 professionals: conseling, support, treatment guidance for the family member affected



Unidade CRATOD.
Bom Retiro



Ferraz de Vasconcelos



Unidades do Recomeço Família



Feitiço da Vila



Sul



Francisco Morato

Unidades do Recomeço Família



Oeste



Campinas



Leste

Results 2014/15 Strategy



Outreach contacts : 15.500

Showers: 300 each week

Admissions to Detox: 7.000

Admissions to Therapeutic Community:
3.500

Admissions to Outpatients: 8.000

Dentistry: 7.700

Family Support: 16.000

Recomeço Strategy



Limitations

- Currently only available in Sao Paulo State
- A one sided politically supported service
 - Not supported by the current national drug strategy (harm reduction only approach)
 - Long term continuation dependent on current political party re-election in Sao Paulo
 - Framework expansion dependent on other city's current political parties

Contingency Management



Direction: Ronaldo Laranjeira

Coordination: André Miguel

Contingency Management

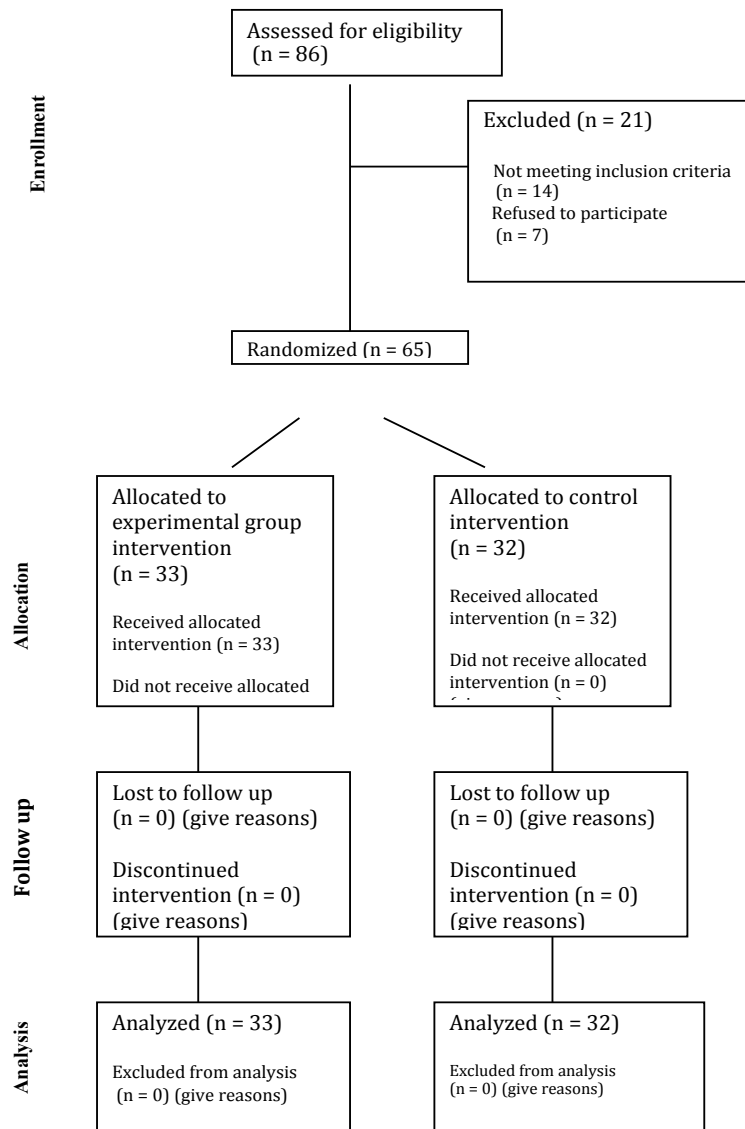


Figure 1: Consort Flow Diagram

➤ First Clinical Trial using Contingency Management for Crack users in Brazil (and elsewhere)

➤ Pilot trial completed in one of Recomeço facilities last year (outside crackland)

➤ New trial starting next week at Helvetia Unit

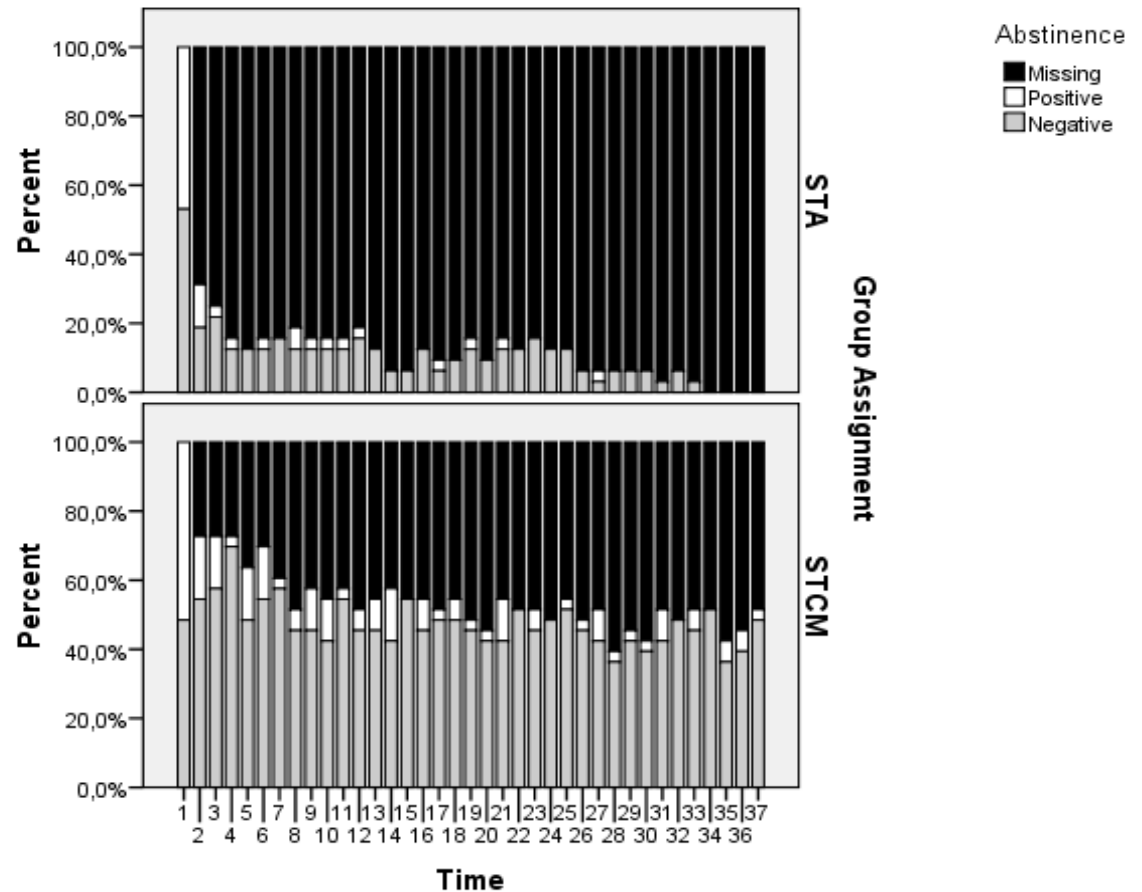


Contingency Management



Results

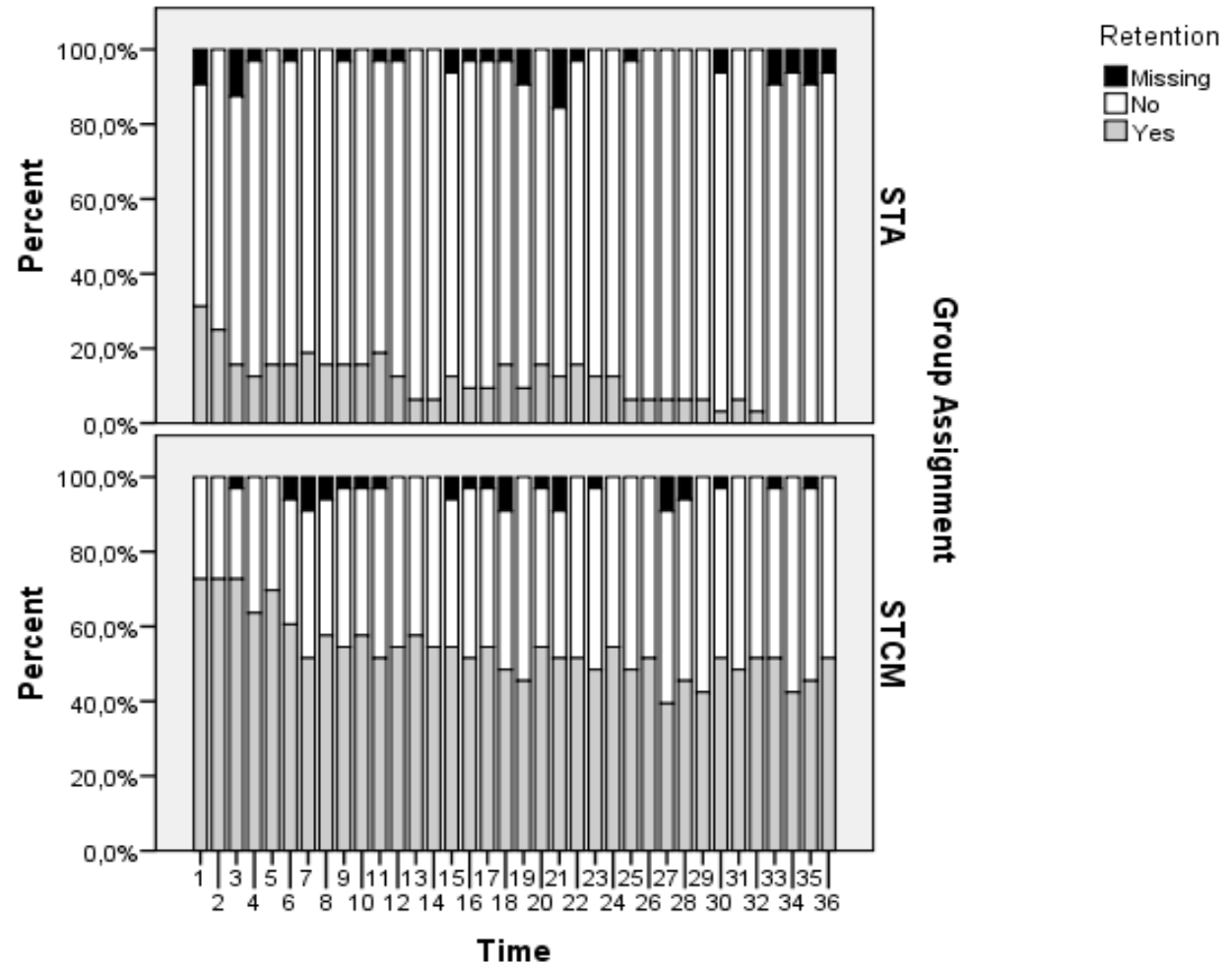
Abstinence Rates



Contingency Management



Adherence Rates



Contingency Management



~> Strengths

- ~> Promising success rates (abstinence & adherence)
- ~> Ideal for day-treatment services
- ~> Cost effective: £25.00/per patient/per month

~> Limitations

- ~> Requires trained healthcare staff
- ~> Ethical issues
- ~> Political support
- ~> Conflicting ideology from healthcare professionals