

CASE STUDY

BRAZIL

The Open Arms Programme

Summary

Brazil has the third largest prison population in the world. The number of people incarcerated for drug-related offences tripled in the country after 2006 after a new law was brought in which meant people could be imprisoned for possessing even a small amount of drugs. Impoverished and Black communities have been disproportionately targeted by this law. It also carries a huge financial toll: over 205,000 people were incarcerated for drug-related offences during the first half of 2024, at a cost of at least USD 7.9 million per month. In São Paulo, punitive policies were proving so ineffective at reducing drug use and associated crime that the decision was made to shift to a health and social-based approach to drug use. The De Braços Abertos (Open Arms) programme opened in January 2014 in an area of São Paulo known as Cracolândia (Crackland) due to high levels of crack use among its residents. De Braços Abertos provided people with daily meals, housing and employment assistance, comprehensive healthcare, including harm reduction, and support to reconnect with families and communities. The programme made a significant difference to individual lives, communities and public health. After two years, 84% of participants were receiving health treatments, 88% had reduced their crack consumption, 72% had gained employment, 52% had reconnected with family and crime had reduced. A change in mayor led to the programme being closed in 2017. Since then, the number of people in prison has increased, as has the number of people killed or injured during police proceedings and violence against minority and marginalised communities.

Key statistics

205,741

Over 205,500 people were incarcerated for drug offences in the first half of 2024 in Brazil.

\$387

The average cost to imprison a person in Brazil is USD 387 a month. Imprisoning people for drug offences costs the country at least USD 7.9 million every month.

88%

After one year of the De Braços Abertos (Open Arms) programme, 88% of participants had reduced their crack consumption and more than half had re-connected with their families.

9,668

In one year, De Braços Abertos participants accessed 9,668 medical appointments, of which 2,787 were routine care and 599 were dental appointments.

The punitive approach

By the end of 2023, 850,000 people were in prison in Brazil.¹ This is the third largest prison population worldwide after the US and China. The number of people incarcerated for drug-related offences nationwide tripled after 2006 when Law 11343/2006 was enacted. The law contained no objective criteria for quantity thresholds related to drug offences, and its introduction increased the number of people arrested and imprisoned for possessing small amounts of drugs.²

Punitive drug laws and policies have had calamitous consequences for Brazil. They have led to human rights violations, corruption and mass incarceration, with impoverished and Black communities disproportionately targeted.³ These laws and policies also carry a heavy financial burden: 205,741 people were incarcerated for a drug offence during the first half of 2024,⁴ costing Brazil at least R 486,783,206⁵ (around USD 7.9 million) per month.

Challenging the punitive approach

Brazil's harsh approach to drugs has had a damaging impact on local communities. In São Paulo, punitive policies were proving so ineffective that an effort was made to invest in expanding health services and a social approach to drug use. The initial focus was on expanding rehabilitation centres and involuntary treatments, but due to the ineffectual natures of these approaches this had limited impact. In response, based on the experiences of health and social workers, local officials, and organisations such as É de Lei, which had promoted the distribution of sterile equipment for people using cocaine and crack since the 1990s, the De Braços Abertos (Open Arms) approach emerged.⁶

Instigating change

The De Braços Abertos (DBA) programme began in January 2014 after City Hall, under the management of mayor Fernando Haddad (affiliated with the Workers Party), made several visits to an area of São Paulo known locally as Cracolândia (Crackland), so-called due to high levels crack use among many of its residents.

On 29 April 2014, the Official Journal of São Paulo published the decree⁷ that regulated the operation of the DBA programme. Programme activities included providing daily meals, promoting participants' economic autonomy including by assistance with housing, providing comprehensive healthcare including harm reduction, and coordinating individual social protection networks by reconstructing family ties and reintegrating participants into communities.

Investing in community, health and justice.

Between 2014 and 2017, the DBA programme operated in five subprefectures (small administrative areas) and reached over 500 people.⁸

Initially, the DBA programme used federal funding allocated to the Crack, é possível vencer (Crack, it is possible to overcome) programme. Subsequently, the Municipality of São Paulo made resources available through its own budget allocation to each of the departments involved.⁹ The programme was implemented through a partnership between agencies at federal, state and municipal level, plus civil society, through the Program Management Committee.¹⁰ For its first year, an estimated R 10 million (around USD 1.7 million) was invested in the programme. Funding was increased for the programme's second year due to its positive impact.¹¹

Impact

The DBA programme has made a significant difference to individual lives, communities and public health. After two years of operating, 84% of participants were receiving health treatments, 84% of those without identification had obtained documents and 72% had gained employment. Around half (52%) of participants reported regaining contact with their family. During this time, the municipality provided over 9,000 medical services to participants.

The DBA programme also contributed to reducing crime rates (including vehicle thefts and robberies)¹² Drug-use patterns also changed, with 88% of participants reporting a reduction in their crack consumption. Before the programme, 65% of participants reported using crack all day, and 32% at least half the day. Two years later, only 5% reported using crack all day.¹³

Despite its positive results, the programme was terminated in 2017 by new mayor João Doria, who replaced it with compulsory admission programmes into therapeutic centres, police raids and strong repressive measures.¹⁴ Due to the end of the programme, most participants lost what they referred to as their home and some were transferred to different places or facilities.¹⁵ This is particularly alarming, considering the human and financial cost of punitive approaches and the lack of impact this has on reducing drug use or drug trafficking. This change in approach has led to increases in the number of people in prison, the number of people who have been killed or injured during police proceedings and violence against minority and marginalised communities.¹⁶

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Sources

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This is one in a series of case studies which captures the experiences of governments and donors around the world divesting from punitive approaches to drugs, and investing in programmes which prioritise community, health and justice. These case studies are not meant to be comprehensive but provide examples of effective divestment and investment, and related advocacy strategies.

