

“What we do is politics” Interview with Myro Rolim

Myro Rolim has been working in the public health area for over a decade. He is a harm reductionist and social educator, having researched and worked with people with HIV and people who use drugs. He is currently studying for his Masters in Health Sciences in the Universidade Federal de São Paulo. Myro is an anti-prohibitionist, as well as a member of DIV3RSO: Harm Reduction, Mental Health and Human Rights; of the Brazilian Movement for Harm Reduction (MBRD); of the Brazilian Multidisciplinary Association on the Study of Drugs (ABRAMD) and the Latin-American and Caribbean Network of People who Use Drugs (LANPUD).

Myro spoke with TalkingDrugs about the current drug policy in Brazil, his experience working in harm reduction, the urgent need to reform the public security model and to build life-valuing policies. The interview was conducted over Zoom and edited for brevity and clarity.

Felipe Neis Araujo – Myro, I’d like to start off by thanking you for starting off this series in TalkingDrugs on practices and harm reduction policies across the Lusophony [Portuguese speaking countries]. Your professional career began in pedagogy, as a historian and History and Sociology teacher, and after a few years you dedicated yourself to public health with a focus on harm reduction. Could you tell me a bit more about this path you took? Did your experiences in the classroom have any impact on your decision to move into public health?

Myro Rolim – For many years I taught Sociology and History, and when I came to São Paulo I kept teaching in the public sector. It was something I always enjoyed – being a teacher, teaching. But in the beginning of the 2010s a colleague invited me to work on a project with children and adolescents in the street, which was the [Quixote Project](#), where he needed someone connected to pedagogy, especially popular pedagogy, which is related to my Freirean education. The care strategies I use come from this field. I was very influenced by Paulo Freire and I see [education as an emancipatory movement](#), a movement of struggle and vindication. So I started working with this group in São Paulo which was very important for me. I started seeing education as a process within the struggle. I already worked in schools in the periphery where there were drug-related issues, where people used a lot of drugs. That left me feeling bad as education never knew how to respond to these issues except with broken strategies such as [PROERD](#) [a “just say no” type campaign run by the police]. There’s a fixation with this type of strategy, and by acting in a punitive manner against students you take this prohibitionist and punitive mentality into the classroom, and man that started to move me. I wanted to better understand these processes, the drug phenomenon. Look, I’ve always used prohibited substances since I was a teenager and I never had any drug-related education. What there’s always been are perspectives and prohibitionist and punitive initiatives. Suddenly I saw myself reproducing these same perspectives in the classroom, so I went and educated myself. I took advantage of my work with children and teenagers in the Quixote Project, many of whom used drugs problematically, and began informing myself of the production of care field of knowledge, which contains a lot of harm reduction strategies. On this path I started thinking how we could produce strategies and types of care for children and teenagers –whether they’re living on the street or not – in vulnerable situations. There was a moment in 2014 where I was invited to run a programme in the Human Rights Secretariat of the São Paulo city hall. It was a complex project, focused on harm reduction and working with the populations within so-called Cracolândia, in the central region of São Paulo. It was called Workshops Project and was connected to the [Programa Braços Abertos](#) of Fernando Haddad’s government (2013 – 2017). Several groups

were brought together, including the Human Rights Secretariat, which would develop projects for that population. I was brought in to develop, coordinate and implement one of those projects, something that I knew would take a lot of my time, so in that period I decided to leave the classroom. It was also a period of crisis for me as I was unsure of the path I wanted to take in life, if I should stay in the classroom or dedicate myself to alcohol and drugs. I ended up following the latter due to my political actions in this field, and the chance to upskill and coordinate others' actions. Something that I learnt as a teacher and an educator, which I believe is important, is thinking about and implementing an emancipatory education for people who use drugs, especially for those with problematic relationships with drugs. And it's also important to turn around and walk the same way back; how can we take the ideas and practices about drug education into pedagogy and general teaching? I'm part of [ABRAMD](#), the Brazilian Multidisciplinary Association on the Study of Drugs, an association with various committees, of which I am part of the [education committee](#), where we aim to conceive of drug-related issues that can be dialogued with pedagogy and other educational spaces. It's important to establish and advance this dialogue as the field of pedagogy has distanced itself from drug-related conversations. Education in Brazil has delegated the drug conversation to other institutions, be they PROERD, association of friends, social initiatives, but always with a prohibitionist perspective that reinforces exclusion, stigmas and preconceptions about people and territories. We need an education that approaches drugs through other lenses. We need an education for drugs. These are the paths I have travelled to get here.

FNA – It caught my attention how important reflexivity is to your work as a teacher, on how you participated in an institution – the Brazilian school – where education produces and reproduces prohibitionist and punitive discourses and practices for drugs. There is thus no discussion on the social and psychological damage created by prohibitionist legislation.

MR – There was a very important moment in my transition into public health. It was when some kids were smoking weed inside school and the head teacher called the police on them. The police came into school, arrested them, acted very violently. I objected these actions and as incredible as it may seem I had to deal with repercussions from my fellow teachers. Some agreed with the police's actions. "Ah but they were using drugs, it has to be this way!". And I said: no my friend, this whole process is wrong. This isn't right. We should not allow for a teaching process that authorises police to enter and reprimand kids that are smoking joints. We need a different approach. We cannot reproduce these punitive, repressive policies, where the school is disciplinarian [as Foucault wrote](#), we need to think of another education model.

FNA – Your research and actions within pedagogy and public health are characterised by a compromise between human rights and social justice. What are the challenges when acting in the field of public health, with a harm reduction focus, in a country where the drug laws have a punitive focus, where the official and conservative approach to health is that of abstinence, where vulnerable people who use drugs are victims in a sanitising project of mass incarceration?

MR – You need to see prohibition as a device of an ideological discourse of domination between race and class. It is something that acts in a structural capacity and reproduces itself in multiple layers, meaning that the challenges a harm reductionist faces are many. In our current political and social context the barriers and difficulties have been increasing. Not that there weren't any before, and it's important to address that; even with progressive governments there were barriers to acting within the harm reduction field.

Throughout the 20th Century Brazil faced the drug problem with a judicial punitive model, as a way of enforcing population control over black and poor groups. That's a serious challenge. For those

that find work in alcohol and drug harm reduction there is a [lack of autonomy](#). Many times people are contracted to work in a project that isn't led by harm reduction principles, of inclusion or autonomy. There is also a lack of research in this field. There's a lack of grants and scholarships for alcohol and drug researchers. Many people have to finance their own work. In the current government there are even less [grants, funds or incentives](#) to research alcohol or drugs. There have been phenomenal projects over the years in Brazil, like the [Harm Reduction Free School](#) in Recife, or [DIV3RSO](#): Mental Health, Harm Reduction and Human Rights in Santos. We have an organisation in São Paulo that has been promoting education and running workshops for over a decade, the [É de Lei](#). We also have collectives that conduct harm reduction in parties that have professionalised themselves, increasing the scope of their work and running workshops. But it's still not enough, so little given the demand and great need for these services. There is also no space for debate. Municipalities that create spaces for open discussion are hounded by the public. And how can we build ideas and projects, how can we build horizontal relationships, how to share knowledge if we don't even have a space to gather? Prohibition prevents the production and the circulation of knowledge. Without these spaces how can we disseminate solid, correct, evidence-based information? In the past few years, there has been a surge in academic information on alcohol and drugs, but it remains in academia. Workers don't have access and I believe that not actively sharing this content is the work of prohibition.

One of the great challenges is this government's reduction of integrative harm reduction actions in health and drug policies. I will give you two examples of barriers that we face. One of them is the distribution of harm reduction kits, an issue that generated controversy here in São Paulo. Damn it, we should be able to distribute kits to people who use drugs. Kits with straws for cocaine and other drugs, syringes, condoms, gel alcohol. We should distribute them to everyone who uses drugs, be it problematically or not. We should develop these care techniques alongside others. Today, however, there is a dominant thought that the distribution of harm reduction kits is an enabler of drugs. This apologist discourse is idiotic. We should have transcended this idea that enabling drugs is enabling crime. The state should be the one distributing kits in Brazil. Kits are distributed in Canada, in Spain, the US, in parts of Latin America. In Brazil, we can't distribute as we will be accused and criminalised of enabling drug use.

I'll give you another example: drug testing. One of the most important actions today, something we need and demand, is the public testing of drugs. Or even just by NGOs. It's important people know what they're taking so they can make decisions on when they use them and how much, so they have autonomy over their use. Here in Brazil drugs are incredibly impure, dirty. They're mixed in with [other dangerous substances](#) and people suffer serious consequences due to adulterants or analogues. In Brazil however, drug testing falls within a legal grey zone. Some say that it's within the legal remit, others say that it's already covered by the drug laws as [encouraging and facilitating](#) drug use – [which would be a crime](#). So we're in this limbo and have had to avoid using this life-saving, incredibly important harm reduction action. Because people will use a certain drug, without knowing what it is for sure. It could be mixed with something, or be very strong. It's another barrier, another challenge to our work. There's also the social prejudice against mental health workers that engage in harm reduction. Another barrier, another challenge. I return to the issue of the prohibitionist discourse. It operates in many layers of society and produces diverse forms of interdictions and punishments, primarily for people who use drugs, but also for those working in harm reduction.

FNA – Recently the Brazilian jurist and politician Janaína Paschoal [generated some controversy](#), criticizing the Catholic activist and priest Father Júlio Lancellotti for distributing food to people who use drugs in Cracolândia in São Paulo, accusing him of encouraging crime and the use of

criminal substances. How do state and municipal bodies engage with the inhabitants and visitors of that region in the past decade? Does the government interact or support social initiatives and NGOs that work with these citizens?

MR – Cracolândia isn't a straightforward phenomenon. It appeared at the end of the 80s in the wake of serious stigma and social prejudices, and since then has been at the receiving end of government repression. Before it was with the residents who brewed alcohol on the streets. When crack came in the crackdown came very rapidly. And you need to understand that Cracolândia will always exist. As the saying goes in the region, spray-painted on walls, "Cracolândia walks". It has existed in other areas across the centre of São Paulo. The police would go in, repress, it would resurge elsewhere, as people will always use alcohol and drugs. Launching bombs and shooting the people there won't make it go away. There was, in Cracolândia's history, an initiative that I was critical of, but helped a lot of people. It just needed improvement. It was the Programa de Braços Abertos [Open Arms Project], instituted by then São Paulo Mayor Fernando Haddad, that brought in social projects, care services, work schemes, local governance. Because for you to take care of yourself you first need a place to live in.

It was a great initiative that deserved to be scaled, rethought and improved. But, unfortunately, such initiatives are government- and not state-led. When João Doria became the Mayor of São Paulo (from 2017 – 2019) after Haddad, the government's drug policy [was a disaster](#). He took apart all the health and social support services and promoted a policy of total abandonment not only of those that used drugs, but everyone that worked in that [Cracolândia] region. It coincided with a moment of great economic, political and social crisis due to the political coup that gave way to President Dilma Rousseff's [impeachment](#). After the impeachment we saw a rise in poverty, in São Paulo we saw the rise of property prices which [drastically increased](#) the number of people living on the street. This homeless population, in such a vulnerable state, with a lack of opportunities, will resort to drug use. When you're in a state of misery and a lack of supportive public policies, jointly with a state-wide effort to take down the few harm reduction initiatives available, drug use tends to rise. In São Paulo there are multiple drug use scenes. Cracolândia is just the most famous, the most mediatised. But there are diverse use scenes in which there are almost no harm reduction projects ongoing. In Cracolândia there are always a lot of NGOs providing services, but those organisations are always fought off by the government. There's intimidation, criminalisation... harm reductionists are [targets of police violence](#). When I worked in harm reduction on the streets of Cracolândia I was stopped and searched multiple times by the police. While working. They wanted to see my papers. How can you work in these conditions? And how is it possible to work in population health when you are constantly exercising violence upon them? What a schizophrenic scene to people who use drugs there! They tell me: "In the day you're here taking care of me. At night the police comes to beat me". Both are agents of the government.

There currently exists a persecution of harm reduction, something based on the erroneous idea, as I've said, that harm reduction is encouraging drug use. People don't need encouragement to use them. They will just keep using them. We, harm reductionists, can only encourage treatment. And our care strategies are different to punishment, to blaming and excluding those that use drugs from society. Governments never knew how to deal with homeless populations and people who use drugs beyond repression. There's a certain anger in government towards these people. Prohibition has fabricated the idea that the only place that people can use drugs is a place of punishment. So the body of the user is the body where interventions are made. The use of expressions like "zombie", for example, referring to when people use crack in a problematic manner, has an ideological purpose. When I call someone a zombie, I'm affirming that that person is incapable of thinking, they can only

smoke crack. And when Taniele Rui, a researcher for [CEBRAP](#) (Brazilian Centre for Research and Planning), talks about the [abject bodies of those that use drugs](#), the notion that a person is unable to take care of themselves justifies the state's interventions. Including violent interventions. The media's exposure of crackdowns in Cracolândia, applauding these interventions, also normalises the violent death of people who use drugs. People in Cracolândia are the killable bodies of society and prohibition produces these bodies. Beyond this, prohibition moves billions of *reais* [Brazilian currency] every year. A [recent study](#) from [CESeC](#) (Centre for Security and Citizenship Studies) showed that just in Rio de Janeiro and São Paulo, almost R\$5 billion is spent on the war on drugs. Imagine this money being spent on education, health, or social initiatives. But no. It's a massive investment in criminal justice and public security that increases year on year. The militarisation of the war on drugs produces thousands of deaths, justifies and promotes the mass incarceration of black and poor people, and brings no real solution to this very real problem. And there's such a strong lobby to continue expanding the militarisation of drug policies.

There's also a strong lobby from religious treatment communities to [institutionalise people who use drugs](#), another face of prohibition and punishment. These institutions operate as a support base for many politicians and receive [massive amounts of state investments](#) to promote abstinence-based treatments. We've known for a long time through the existing evidence that abstinence-based involuntary institutionalisation [does not produce positive results](#), yet the government insists on these methods. The latest update to the National Drug Policy in [2019](#) removed harm reduction and its focus on care, positioning abstinence as a primary objective, enabling a great movement of capital to be channelled into these treatment communities. And many of the people in these communities are within government and run its lobby. All of that is a massive political game. And I'm telling you: drugs are a great enemy. But you don't kill cocaine, you don't kill weed, you don't kill crack. You kill Zé. You arrest Sueli. You repress Antônio. They are the ones that die in the war on drugs. It's not the drugs that die. So we need to review and transform Brazil's drug policy with some urgency.

But then the old question comes: "But are we ready for the legalisation of drugs?" And I ask back: "But are we ready for the prohibition of drugs?" We're not. We've been investing in this approach for so long and it's time to build a new one. The current drug policy allows for workers and militants that are providing care in extremely vulnerable regions to be persecuted by a reactionary, backwards, neo-fascist movement that claims to be liberal but is extremely conservative and, I repeat, reactionary. That is so numbing, it breaks people's wishes down to work in harm reduction, it takes services, networks and regional chapters apart. As a consequence, Cracolândia just keeps growing, the drug use in Brazil just keeps multiplying. The [IPEA](#) (Institute of Applied Economics) published a very important survey a few months ago where its researchers showed the [brutal drop](#) in investment in health services for people who use drugs since this government came into power. On the other hand, investments in militarisation and criminal justice have skyrocketed. These two sectors, the military and criminal justice, are responsible for repressing and punishing people who use drugs. The current government doesn't conceive of care strategies for these people, it just thinks of military interventions. This is a social control strategy: drug policy today serves to control the masses and territories. See the military interventions in the favelas in Rio de Janeiro where children are killed, and how that's been made banal, as many will say "ah, but that's addict and dealer land!". We have normalised death policy.

FNA – What are currently the most urgent issues to approach and transform in Brazil if we want to build social policies around the true care for people that use drugs?

MR – Drugs move economic and political chains. A lot of people make money with the political capital of prohibition. We shouldn't think that the only one profiting off drugs are traffickers. So it's urgently needed to begin a process of decriminalisation, legalisation and regulation of all drugs. Not just weed as everyone is trying nowadays. This process must be integrated in a wider raft of changes. We must de-marginalise people who use drugs, and end stigma. The notion of a "user" is very wide. We as drug users, that's one story. Another story is a black kid smoking weed on the hill. Yet another story is a white middle-class boy using MDMA in a white middle-class neighbourhood. They are all users, but their experiences are completely different. And that difference materialises itself primarily in how the [criminal justice system treats](#) each of these people. The white boy shall always be seen as a user, while the black boy will be seen as a trafficker. That needs to urgently change. It's also necessary to invest in the network of public health services. We need a quality network. A former manager of a project in which I worked, with whom I learnt a lot, always said that what made her indignant was that fact that all services for homeless people and people who use drugs assumed they were in precarious conditions. It's almost an affirmation that those people don't deserve a better, more respectful, system. People have the right to have quality medical staff attending their needs.

Another important issue is the production of social indicators around drug policies. We need to have data to monitor and evaluate drug policy interventions, something Brazil does not currently have. We also need, as I previously mentioned, to educate people about drugs. The prevention policies have failed. We need to share knowledge on how to best use drugs, to understand what is classified as problematic use, and to know when and how to get help. The lack of such an education means that people are already in a very advanced stage when they contact health services, as they didn't have the right education and means to use that service before.

We need to stop thinking about drug policies and start thinking about people policies. We need to make politics that cares for people and doesn't punish them. Policies that improve people's quality of life, that guarantee their wellbeing, human rights and provides a life worth living. To do that we need to rethink public safety. We must end the [current public safety model](#), which promotes a constant war where the citizen is the enemy. The number of police homicides rises every year and data suggests that [most murdered people](#) are black and from the periphery. Above anything else, the war on drugs is a racialized war, a war on class.