

## EFFECTS OF RACISM ON PEOPLE IN VULNERABLE CONTEXTS AND WITH ALCOHOL AND DRUG USE

## EFEITOS DO RACISMO EM PESSOAS QUE ESTÃO EM CONTEXTOS VULNERÁVEIS E EM USO DE ÁLCOOL E DROGAS

## EFFECTOS DEL RACISMO EN PERSONAS EN CONTEXTOS VULNERABLES Y EN CONSUMO DE ALCOHOL Y DROGAS

 <https://doi.org/10.56238/sevened2025.037-052>

**Miguel dos Santos Marcelino<sup>1</sup>, Stefania Vallado Alves<sup>2</sup>, Luciana Togni de Lima e Silva Surjus<sup>3</sup>**

### ABSTRACT

This study investigated the effects of racism on the lives of people experiencing social vulnerability and using alcohol and other drugs, based on interventions carried out within the DiV3rso extension project. Using a qualitative approach, the research employed collective activities, an anonymous mural, group discussions, and short interviews to understand how structural inequalities, racial discrimination, and social suffering shape patterns of drug use and participants' life trajectories. The findings revealed that racism—both explicit and subtle—produces psychological, emotional, and social impacts that manifest in drug use, whether as a way of coping with pain, seeking belonging, or responding to experiences of exclusion. The practices developed within the DiV3rso project, aligned with harm reduction principles, enabled support, affective exchange, and the reconstruction of social bonds, approaching a liberating praxis inspired by Fanon. The study concludes that comprehensive care requires recognizing the role of structural racism in deepening vulnerabilities and promoting spaces of sensitive listening and mutual recognition, which are essential for strengthening autonomy, dignity, and care in freedom.

**Keywords:** Harm Reduction. Alcohol and Drugs. Racism.

### RESUMO

Esta pesquisa investigou os efeitos do racismo na vida de pessoas em situação de vulnerabilidade social e uso de álcool e drogas, a partir de intervenções realizadas no projeto de extensão do grupo DiV3rso. Com abordagem qualitativa, a pesquisa utilizou atividades coletivas, mural de relatos, rodas de conversa e entrevistas curtas para compreender como desigualdades estruturais, discriminação racial e sofrimento social atravessam os modos de uso de drogas e as trajetórias dos participantes. Os resultados evidenciaram que o racismo, explícito ou velado, produz impactos psíquicos, afetivos e sociais que se expressam no uso de drogas, seja como forma de enfrentamento da dor, busca de pertencimento ou resposta às exclusões vividas. As práticas do projeto do

<sup>1</sup> Graduated in Occupational Therapy. Universidade Federal de São Paulo (UNIFESP).

E-mail: santos.miguel23@unifesp.br

<sup>2</sup> Master's degree in Health Sciences Teaching. Universidade Federal de São Paulo (UNIFESP).

E-mail: stefania.vallado@unifesp.br

<sup>3</sup> Dr. in Public Health. Universidade Federal de São Paulo (UNIFESP).

E-mail: luciana.surjus@unifesp.br

DiV3rso, alinhadas à redução de danos, possibilitaram acolhimento, circulação de afetos e reconstrução de vínculos, aproximando-se de uma práxis libertadora inspirada em Fanon. Conclui-se que o cuidado integral exige reconhecer o papel do racismo estrutural no agravamento das vulnerabilidades e promover espaços de escuta sensível e reconhecimento mútuo, fundamentais para fortalecer autonomia, dignidade e cuidado em liberdade.

**Palavras-chave:** Redução de Danos. Álcool e Drogas. Racismo.

## **RESUMEN**

Esta investigación analizó los efectos del racismo en la vida de personas en situación de vulnerabilidad social y consumo de alcohol y drogas, a partir de intervenciones realizadas en el proyecto de extensión del grupo DiV3rso. Con un enfoque cualitativo, la investigación utilizó actividades colectivas, un mural de relatos, círculos de diálogo y entrevistas breves para comprender cómo las desigualdades estructurales, la discriminación racial y el sufrimiento social atraviesan las formas de consumo de drogas y las trayectorias de los participantes. Los resultados evidenciaron que el racismo, ya sea explícito o velado, produce impactos psíquicos, afectivos y sociales que se expresan en el consumo de drogas, ya sea como una forma de afrontar el dolor, buscar pertenencia o responder a las exclusiones vividas. Las prácticas del proyecto DiV3rso, alineadas con la reducción de daños, posibilitaron el acogimiento, la circulación de afectos y la reconstrucción de vínculos, aproximándose a una praxis liberadora inspirada en Fanon. Se concluye que el cuidado integral exige reconocer el papel del racismo estructural en el agravamiento de las vulnerabilidades y promover espacios de escucha sensible y reconocimiento mutuo, fundamentales para fortalecer la autonomía, la dignidad y el cuidado en libertad.

**Palabras clave:** Reducción de Daños. Alcohol y Drogas. Racismo.

## 1 INTRODUCTION

The present research was part of a project contemplated within the scope of the Institutional Program for Scientific Initiation Scholarships (PIBIC) of the Federal University of São Paulo – Baixada Santista Campus (UNIFESP-BS), developed from 2024 to 2025. This study was made possible by institutional support and the opportunity to deepen academic training through scientific research.

The insertion of this study within the scope of the Institutional Program of Scientific Initiation Scholarships (PIBIC/UNIFESP-BS) enabled not only the methodological development of the research, but also a critical deepening of the issues that cross the field of drugs in Brazil. From this formative experience, the need to understand the phenomenon beyond reductionist or moralizing perspectives became even more evident, which is the basis for the discussion presented below.

The debate on drug use in Brazil is closely related to the way the State and society structure their responses to the complexity of this phenomenon. Historically, public policies aimed at drugs have been marked by a prohibitionist and punitive perspective, prioritizing criminalization over care. This approach disregards the social, economic, and subjective contexts that cross the lives of people who use drugs, resulting in practices that accentuate inequalities and produce exclusions. The Drug Law (Brasil, 2006) and the current legislative debates, such as PEC 45, show the persistence of a logic that ignores the plurality of human experiences and reinforces individual responsibility, even in the face of conditions of social vulnerability.

Understanding the impact of these policies requires a careful look at the intersections between race, class, and territory, since the effects of prohibitionism do not fall homogeneously on the population. Criminal selectivity, widely documented in incarceration statistics, demonstrates that the war on drugs has been, above all, a war against the black and peripheral population. Structural racism, present in social institutions and practices, acts as a mechanism of control and exclusion, perpetuating historical inequalities. Thus, drug policies in Brazil function not only as legal instruments, but as devices for maintaining racial and social hierarchies, restricting rights and producing suffering.

In this scenario, harm reduction strategies emerge as an ethical and political alternative that opposes the logic of punishment and abstinence. Harm reduction proposes a more humanized and care-centered approach, which recognizes the autonomy of people who use drugs. This perspective implies qualified listening, welcoming, and the construction

of horizontal bonds between professionals and users, favoring social inclusion and the strengthening of historically marginalized subjectivities.

Reflecting on the intertwining between structural racism, drug policies and care practices allows us to highlight how the State and society produce and reproduce forms of exclusion that go beyond the legal field and enter the daily life of social relations. Analyzing these crossings is fundamental to understand the multiple dimensions of vulnerability that affect black, peripheral and drug-using people. In addition, it is urgent to rethink public health and safety policies from the perspective of equity, social justice and human rights, so that comprehensive care is no longer a promise and becomes an effective practice of social transformation.

## 1.1 DRUG POLICIES IN BRAZIL AND GUIDELINES FOR COMPREHENSIVE CARE FOR PEOPLE WHO USE DRUGS

Drug use within Brazilian society has long been discussed from different perspectives. Some are based on a total ban on the use of psychoactive substances that can be harmful to health and the environment. Others aim not at the end of use, but rather at reducing the damage that this use can cause to people. Based on the Drug Law (Brasil, 2006), we found a perspective of discouraging drug use, making the public health authorities aware of the problem and the precautionary measures that the federal government found to face it.

For a long time, laws that are based on the perspective of total prohibition do not cover the complexity of individuals or their personal contexts, in view of the current situation of PEC 45, which aims to criminalize any possession or possession of illicit drugs that is in disagreement with legal determination. This is an amendment that does not cover the social and political contexts of the Brazilian population, considering that even a minimum amount of illicit substance could lead to the incarceration of a person who is in possession in any quantity, a person who is not known and is not considered to be in a situation of use.

It is important to emphasize that drug consumption does not uniformly affect the entire population and its distribution is different in different regions of the country, even presenting significant differences in the same region, both in social aspects and in the ways of use and choice of product. (Brazil, 2003). Therefore, it is relevant to study not only the ways and measures to combat drug use, but also the consequences of these measures, aiming to minimize the impact they will have on the affected population.

The amount in which policies are implemented reflects directly on the population that is disadvantaged, both positively and negatively. According to "The Ministry of Health's policy for comprehensive care for users of alcohol and other drugs," trafficking becomes a form of income and protection for young people and families participating in an impoverished community, a situation that becomes common in regions where organized crime is more present.

Talking about policies related to drug use also means, according to the Ministry of Health, remembering that "the insufficiency/historical absence of policies that promote social protection, health and treatment of people who use or abuse alcohol is decisive for the increase in their vulnerabilities" (Brasil, 2003). This situation of vulnerability, by itself, does not have a simple resolution and should not disregard the daily life of the population.

Historically, drug policy in Brazil is based much more on the criminalization of drug use and possession than on alternative perspectives, which, consequently, generates suffering for a portion of the population. According to data from the National Secretariat of Penal Policies, about 28% of the country's prison population is imprisoned for crimes provided for in the Drug Law. This data could lead to a mistaken interpretation that the Drug Law is in full operation and is useful for the well-being of Brazilian society. However, reality shows that this legislation is far from producing really beneficial effects for the population.

As lawyer and researcher Alessandra Nogueira Lucio said in an interview with Revista da USP: "*when it comes to drugs, the largest number of convictions are of black people, who constitute 68% of the prison population...*". There is a specific population that suffers the effects of the Drug Law more intensely. A situation like this, in which there is a law that disfavors an entire group of people, occurs due to numerous factors. One of them is the lack of understanding of the human being as a multifactorial being. A person is made up of multiple motives, contexts, and causes. Therefore, thinking of a drug user in order to criminalize him in advance means ignoring the motives and circumstances that lead him to the use or possession of illicit substances, reducing his existence only to consumption.

This reduction and criminalization of the person who uses drugs opens space for a series of other reductions of the subject as a human being, which can interfere in the search for rights, in the self-image of the criminalized person and even favor processes of social exclusion. According to the *Guideline for Care for People Who Use Drugs*, among the main factors for excluding users are the illegality of use – which prevents their social participation

in an organized way – and the association of alcohol and drug consumption with crime (Brasil, 2003).

It is worth mentioning the problem in relation to mass incarceration, as discussed by Oliveira and Azevedo (2012) in the following excerpt:

"The increase in incarceration rates, derived from a punitive demand that finds support in parliament (primary criminalization) and in the performance of public security and criminal justice agencies (secondary criminalization), does not have the expected effect of falling crime, since the performance of the penal system is selective, reaching only the base of the criminal chain, and bringing together in prisons individuals who, due to their social vulnerability, are easy prey for criminal factions, which command the market of illegalities inside and outside prisons" (p.4).

This demonstrates a certain inefficiency in the field of policies on alcohol and other drugs, because, as mentioned earlier, when the consequences of these policies fall on a specific group to the detriment of another, and when such laws can, in extreme cases, expand the influence of organized crime in territories where it already operates and maintains a constant presence, the criticisms directed at this legislation become fully understandable.

## 1.2 RACISM IN DRUG POLICY

The subject of laws and drugs has always permeated the racial sphere, emphasizing that the issue of drug use often tends to be stigmatized and racialized. We can observe that most of the reasons for the prohibition of certain drugs were and are focused on the racial issue, even if often in an implicit and veiled way. With a lot of prejudice and stigma, these issues are dealt with to this day, where we do not have an effective law against drugs per se, but against the people who use them.

One cannot ignore all the racial issues that permeate the laws and the prison system in Brazil. As something intrinsic to our society, drug laws carry a great burden of racism and prejudice, which have been established since colonial Brazil and are perpetuated to this day. This can be seen not only within the structures of the laws, but also in those who apply them.

Prohibitionism, the "war on drugs" and the criminalization of poverty are elements located in the political and ideological sphere, which materialize in the class struggle and are used for social control. From some excerpts from judicial sentences and statements by

the Public Prosecutor's Office, we observe how much ideologized discourses justify the criminalization of poor adolescents for drug trafficking, placing them as social enemies without considering the contradictions and risks to which they are subjected on a daily basis, (Rocha, 2013).

It is noticeable that, far beyond just a coincidence, it is a governmental negligence not to turn its attention and its greatest efforts to racial issues that affect the black and peripheral population of the country on a daily basis. According to Carneiro (2013), there is an imminent ideology capable of desensitizing people to such an extent that, if they hear any demand or discomfort from some marginalized group in any way whatsoever, by today's Brazilian society, it is treated with mockery and in a way that minimizes that discomfort and suffering. Still for this author, such an ideology encourages the suffering of the other who fits into a minority group to be celebrated.

According to the III National Survey on Drug Use by the Brazilian Population (Bastos *et al.*, 2017), among the populations most affected by the drug law is the black and peripheral population. This effect is mainly caused by the destabilization and lack of understanding of these areas. The laws already mentioned show a destructive perspective in the way of barring the consumption and possession of drugs, without considering the social context or vulnerability of the marginalized population of the country.

The large percentage of the black population that uses illicit drugs is evident, which refers to all the stigma and racialization that drug use involves. This manifests itself in several forms, most of them veiled. Within the interpretation of anti-drug laws, there is a barrier to be considered, because, despite being veiled, structural racism has real and concrete consequences for those who are stigmatized every day.

Within the daily behavior of the Brazilian population, it is in the space where drug policies have their most visible practical and destructive effects, especially when we turn our gaze to marginalized people. Explicit or veiled racist manifestations communicate hostile, derogatory and negative racial contempt that significantly interferes with the physical and mental health of the black population. The construction of a negative imaginary about blacks and their identity damages their self-esteem, as well as can cause anguish (Bento, 2014).

It is worth noting that all this violence and racism, veiled or not, produce significant effects on the way people who use drugs perceive themselves. This is especially because, as already mentioned, the use of drugs can lead to social isolation, and, added to the racism

present both in the legislation and in society itself structured on racial and prejudiced bases, an environment is created in which the black and peripheral person is violated in all possible ways. She starts to be stigmatized due to drug use, often for the simple fact of being who she is, being, consequently, dehumanized and reduced to a racist stereotype.

This scenario gave rise and strength to the movements of blackness. Even in the face of a set of laws that does not favor the black and peripheral population and that, on the contrary, feeds networks of stigma and poverty imposed on these marginalized groups, black movements conquer spaces, even if small, to restore self-confidence and pride in being who one is, as analyzed by Audebert, Jardim, Joseph, and Pinho (2022):

"Blackness has been a form of revolt, first against the world system of culture as it has been constituted during the last centuries, which is characterized by a certain number of prejudices, of assumptions that lead to a severe hierarchy." (p, 2).

This does not hide the fact that drug laws produce a mass incarceration of the black and peripheral population, functioning as a mechanism of socio-racial control. This process has been intensified by the last governments, which have weakened public assistance policies that are fundamental for improving the living conditions of thousands of families in vulnerable situations. According to Santos, Dos Santos, and Menezes (2022), the neoliberal agenda has had several consequences for the redefinition of the role of the State, including the deepening of inequalities and the increase in impoverishment rates. These factors, in turn, contribute to the aggravation of the so-called social issue.

In general, as long as strategies are not devised to reduce the consequences of the Drug Law on certain social groups, the worsening of the racial issue will persist, perpetuating a violent cycle of prejudice. The effects of this legislation, which does not consider the context of social fragility in the country, end up being applied inappropriately. It is worth noting that its formulation also does not contemplate the complexity of the situations experienced daily in Brazil. These problems don't just affect people who use drugs; Its impacts extend to family members, spouses and social networks, further expanding the reach of the inequalities produced.

It is necessary to devote greater attention and promote discussions and reflections on ways to alleviate the suffering of people belonging to marginalized groups, as well as those who use drugs and are in situations of extreme social vulnerability. It is essential to seek strategies to minimize the racial impact caused by the war on drugs, since its most

severe effects fall in a harmful way on a specific portion of the population. In addition, such policies fuel racial inequalities, intensifying the suffering of racialized people, and reinforce fear and prejudice directed at those who use or carry substances considered illegal.

In view of this, it becomes evident that confronting the war on drugs implies going far beyond legislative review: it requires recognizing its structural effects, especially on the black and peripheral population, and making a public commitment to practices of care, social justice, and harm reduction. As long as the state insists on policies that reinforce historical inequalities, violence, stigma, and dehumanization will continue to shape the lives of those who are already most vulnerable. Therefore, only through integrated actions — which articulate the guarantee of rights, qualified listening, investment in social policies, and confronting structural racism — will it be possible to break this cycle and build more dignified and humane paths for all people.

### 1.3 HARM REDUCTION AS A CARE STRATEGY FOR PEOPLE WHO USE DRUGS

Although there are social programs and harm reduction campaigns, there are no tools that propose to observe and discuss the impacts on the bodies of racialized people who, because they use drugs and fit into certain racist and prejudiced stereotypes, suffer various forms of violence. These violences range from everyday prejudice to verbal and physical aggression, evidencing the depth of racism that crosses their experiences and produces marks that go beyond the moral and social field, directly affecting physical and emotional integrity.

Drug use, although it crosses several layers of Brazilian society, has a particularly profound impact on the population in vulnerable situations and on the black population from the periphery. In these groups, the damage suffered — both mental and physical — becomes incalculable for those who have been victims of multiple forms of violence due to the use or possession of some illicit substance.

Although the suffering of this population is not fully contemplated by current policies, there are harm reduction strategies aimed at caring for people who use drugs. These strategies are based on egalitarian dialogue, welcoming and judgment-free listening, as a way to alleviate the suffering caused by prejudice and racism present in the daily lives of those who use drugs and are in extreme social vulnerability. According to Passos and Souza (2011), Harm Reduction (HR) has been consolidating itself as an important national movement, driving the construction of a more democratic drug policy.

Policies and initiatives focused on harm reduction can promote more effective care for the portion of the population that often finds itself in situations of complete neglect on the part of the government and its public policies. Harm reduction is a more humanized approach, which respects the social context in which these people live. In addition, unlike most drug policies, this perspective is not guided by the logic of abstinence, but by the possibility of building care strategies that consider the real needs of each individual.

By turning its attention to the sociocultural context of the person, the harm reduction approach presents itself as a deeply humanized practice, as we observe in the following excerpt from Gomes and Vecchia (2018):

"HR programs are sensitive to the social, economic and political context in which they are inserted. These singularities provide differences in the way of approach, in the training of professionals, in the configuration of teams and in the services and products offered". (p.5)

A more welcoming perspective, which strives to reduce or at least minimize the effects of stigma and prejudice faced by people who use drugs, tends to be the most humanitarian and least violent option in relation to the lifestyle of these people. Harm reduction projects that work in partnership with the local population become essential to promote an improvement, however small, in the way people in situations of drug use perceive themselves.

One of the best-known projects in its region of operation, in the municipality of Santos, is "DIV3RSO: Mental Health, Harm Reduction and Human Rights". It is a study, research and extension group of the Federal University of São Paulo – Baixada Santista Campus. Within this project, participants can even include the people who make use of the services offered. It is observed that the dialogue established is horizontal, valuing listening, respect and the active participation of the subjects in decisions and activities, which strengthens autonomy and the feeling of belonging.

One of the fronts of action of this group is the extension project "Living Space for Harm Reduction", in which activities are carried out that aim not only to broaden the perspective of people who use drugs or who are in a situation of vulnerability, but also to offer clothes, food, condoms, hygiene materials and a space to bathe. These actions in the territory are of great importance. An action based on this perspective enables a different way of seeing one's own reality. People in vulnerable situations can sit, talk, have fun, share their experiences and even cry, being seen and welcomed within that space.

Harm reduction initiatives offer people in vulnerable situations, in addition to moments of relaxation and visibility, a respectful environment that recognizes them as human beings. These actions seek to dispel the widely held view that these people are limited to the use of drugs that cross their lives. Such an approach is profoundly beneficial to the health of these people, both physical and mental. In view of this, Gomes and Vecchia (2018) say that:

"The HR strategies analyzed collaborated to improve living and health conditions and survival, aiming to keep drug addicts inserted in the health care and social assistance network, avoiding marginalization. They seek to provide opportunities for social inclusion and offer conditions for the subject to rethink their relationship with drugs. Such measures highlight the multiplicity of possible ways to change the problematic relationship that people may have with drugs." (p.8).

Therefore, harm reduction plays a key role in addressing the challenges related to drug use and the social complexities that permeate it. Rather than adopting a punitive and moralizing stance, this perspective focuses on minimizing the risks associated with use, promoting the health and safety of people who use drugs. This is especially relevant for those who find themselves in situations of vulnerability, often marked by stigma and social marginalization. By offering services such as safer practice education, substance testing, and psychosocial support, harm reduction not only protects against the immediate impacts of drug use, but also strengthens people's autonomy, empowering them to make more informed decisions about their own health.

## 2 OBJECTIVES

To analyze the effects of racism on people who have drug-related problems participating in a harm reduction living space.

### 2.1 SPECIFIC OBJECTIVES

- Characterize the participating population (age, race/color/ethnicity, gender);
- Understand motivations for drug use and perceived positive adverse effects;
- Identify experiences related to racism in the daily lives of the participants.

### 3 MATERIALS AND METHODS

This is a qualitative research, which presupposes the implied analysis of complex and subjective phenomena. According to Gunther (2006), "the primacy of understanding mental life reappears in all discussions about the nature of qualitative research". This approach was chosen because it allows for a deeper understanding of issues related to the human experience, social suffering, and structural inequalities that cross the lives of people in vulnerable situations.

The research was submitted to the Research Ethics Committee (CEP) and approved under Opinion No. 7,425,099. After approval, the study was carried out in the extension project "Living Space for Harm Reduction", one of the fields of action of the DiV3rso study, research and extension group: Mental Health, Harm Reduction and Human Rights. The activities take place weekly, on Mondays, from 2 pm to 5 pm, in the Vila Nova region, in the municipality of Santos. Members of the extension project, people who frequented the space and, specifically, self-declared black people, aged 18 or over, who freely and voluntarily expressed their desire to participate, were invited to participate.

All participants signed the Informed Consent Registration Form (ICDS), which contained information about the objectives, procedures, risks and benefits of the research, guaranteeing the right to refuse and withdraw at any time, without any prejudice or embarrassment. Before the start of data collection, the research was presented to the interested parties, explaining its objectives, themes, forms of approach and the entirely voluntary nature of participation.

The field activities took place on the days of operation of the extension project, so as not to require exclusive travel for the research. In all, three collective interventions were carried out, each with the purpose of promoting moments of reflection and dialogue on drug use and the effects of racism on the daily lives of the participants. After each intervention, group discussions were conducted, seeking to stimulate reflection on the shared experiences.

#### 3.1 FIELD AND PARTICIPANTS

The field of research took place in the extension project "Living Space for Harm Reduction" of the study, research and extension group DiV3rso: Mental Health, Harm Reduction and Human Rights, which takes place weekly on Mondays. This living space promotes shelter for people in situations of social vulnerability and drug use. The project

promotes horizontal relationships and collective activities that stimulate socialization, the strengthening of bonds and networked care.

The participating population was composed mostly of adult men, aged between 20 and 50 years old, in situations of social vulnerability and, in many cases, in drug use. The DiV3rso space made it possible for these people to share experiences and establish bonds of belonging, without the requirement of abstinence. The project, therefore, was configured as a territory of care and resistance, capable of welcoming stories marked by inequalities and offering new forms of coexistence and expression.

### 3.2 DATA COLLECTION

Data collection occurred through three main interventions, thought of as strategies for approximation and sensitive listening. The activities were developed in groups, in order to favor the spontaneity of the reports and the sharing of experiences, considering the sensitive nature of the topics addressed.

The first intervention consisted of listening to and collectively reflecting on song lyrics that dialogued with drug use and racism in Brazilian society. After listening, a conversation circle was promoted in which the participants could express their interpretations and, when they wished, share personal experiences related to the topics addressed. Songs of great national repercussion were used as triggers, and, at the end, emotional support was offered to those who showed sensitization to the reflections made.

The second intervention focused on the creation of a collective mural with open questions about drug use and racism. The participants answered anonymously, writing or drawing their perceptions and experiences. The mural, in addition to being a collection instrument, has become an expressive space for symbolic and affective elaboration. At the end of the activity, a group conversation was held about the manifestations registered, encouraging reflection on stigma, discrimination and belonging.

The third intervention took place through short interviews with four volunteers. The questions addressed the positive and negative effects of drug use, the motivations for consumption and the experiences of racism and exclusion experienced by the participants. The interviews were conducted in an ethical and respectful manner, ensuring the anonymity and comfort of the participants.

In addition to these interventions, a field diary was used as a complementary recording instrument, allowing for the observation of observations, informal conversations

and reflections of the researchers on the process. According to Silva *et al.* (2015), inspired by Bogdan and Biklen (1994), the field diary allows the researcher to describe people, contexts and events, in addition to recording ideas and analytical strategies, becoming an essential resource for qualitative research that involves implication and participant observation.

### 3.3 DATA ANALYSIS

The collected data were analyzed in the light of the perspective of decolonial harm reduction, based on the theoretical assumptions of Franz Fanon and other authors who discuss care and subjectivity from a critical look at the structures of power and exclusion. This approach sought to understand drug use within complex and socially determined contexts, avoiding moralizing or stigmatized readings.

The analysis considered the meaning of the participants' narratives and expressions, observing how racism, poverty and drug use are intertwined in the production of social suffering. The decolonial perspective allowed us to broaden the reading of the observed phenomena, recognizing that drug use is only a relevant aspect of the participants' lives, but not defining their identities.

By adopting harm reduction as a theoretical and ethical framework, the research sought not to blame the subjects, but to understand their modes of existence and resistance within contexts marked by racial, social and institutional inequality. This methodological choice made it possible to encompass multiple realities and reaffirm the importance of more humanized, interdisciplinary care practices that are politically committed to social transformation.

## 4 RESULTS AND DISCUSSION

The interventions carried out throughout the research made it possible to understand in a deeper way the experiences and perceptions of people who use drugs and attend the DiV3rso extension project, revealing the multiple intersections between racism, suffering and social vulnerability. The meetings took place in an environment of coexistence already recognized by the participants, which favored the welcome and spontaneity in the exchanges.

The proposed activities, developed from the perspective of harm reduction (Passos and Souza, 2011), focused on the creation of spaces for listening and collective reflection,

in which it was possible to observe the relationships between drug use, the experience of racism and everyday forms of resistance. From the three interventions carried out, narratives marked by exclusion, stigma, but also by power, affectivity and desire for transformation emerged, elements that composed the central axis of the analysis presented below.

#### 4.1 RACISM AND SOCIAL SUFFERING: BETWEEN STIGMA AND EXCLUSION

Fanon (2020) describes how colonial racism produces an ontological alienation: black people are forced to see themselves through the eyes of white people, internalizing stigma and inferiority. This alienation leads to what he calls "dehumanization", that is, the loss of the possibility of perceiving oneself as fully human within a racist society.

In this sense, the reflections proposed by Fanon (2020) offer an important key to understanding how experiences of dehumanization cross everyday practices and emerge with force in the living spaces of the Div3rso group. When we return to the field, these layers of alienation and racial stigma described by the author became perceptible in the participants' speeches and gestures, revealing that the suffering produced by racism is not abstract, but experienced in a concrete way. It was precisely from this understanding that the first intervention was constituted, seeking to create an environment in which these experiences could be collectively elaborated through music.

The first intervention focused on listening to and reflecting on song lyrics related to drug use and racism. The collective listening of "A Vida é um Moinho" (Cartola), "Preto Demais" (Hugo Ojuara) and "Principia" (Emicida) ended up working as a gateway to deeply meaningful dialogues, in which the participants began to connect, in a very spontaneous way, the lyrics to their own experiences of suffering, discrimination and daily confrontation with racism.

As the songs were commented, perceptions emerged about how racial violence crosses life trajectories and is articulated with the use of drugs, either as an attempt at anesthesia or as a strategy for emotional survival in the face of a system that produces continuous exclusion. Several accounts were shared, each opening up different layers of pain and resistance. Among them, one stood out and captured the group's attention for long minutes.

One of the participants shared, with great intensity, experiences of racial and symbolic violence lived both in the community and in the family environment, describing

how the word "black" was used in a pejorative way to diminish her value and block her recognition as a subject. She narrated how this process of systematic disqualification eroded her self-esteem from an early age and contributed to situations of family estrangement, which, in turn, pushed her to seek new references and other ways of understanding who she was.

When revisiting her history in the collective space, the participant highlighted that this distancing ended up becoming, paradoxically, a turning point, allowing her to (re)construct her identity from affirmative perspectives, connected to blackness and self-appreciation. Her speech not only mobilized emotions in the group, but also opened a field of reflection on how racism acts on the subjective constitution and on how cultural practices, such as music, can function as devices of resignification, enabling experiences of pain to be (re)elaborated in a collective, critical and deeply human way.

This report exemplifies what Fanon (2020) calls the alienation of the black subject, in which the individual is forced to see himself through the racist gaze of the other, internalizing the stigma and the feeling of dehumanization. In this cruel dynamic, racism not only acts as an external device of oppression, but also functions as a kind of continuous emotional invasion, capable of shaping affections, expectations, and even the horizon of possibilities of those who live under its weight. It does not only marginalize the black body socially; it silently corrodes the subjective and psychic dimension, creating wounds that cross generations.

This symbolic and structural violence ends up infiltrating the family environment, which, in this case, was also mostly black, showing how racism operates in a capillary way, reaching spaces that should offer protection, security and recognition. The result is a web of pain that did not begin there and did not find its end until the current generation, which, with effort and critical awareness, tries to emancipate itself from this historically structured hatred.

A hatred that imprisons, fragments identities, weakens affective bonds and dissolves any possibility of self-love or the construction of a positive perception of oneself. These effects accumulate over time, crossing bodies, relationships and affections.

In this process of rupture, the strength of those who seek to rebuild their own image away from the imposed narratives emerges, claiming humanity, dignity and a new way of existing in the world, a way that does not bow to the violence left by the colonial past, but bets on autonomy and collective reconstruction.

Thus, the collective reflection on the songs functioned as a high-powered political force, allowing participants to revisit their experiences of discrimination from a new perspective — less captured by trauma and more crossed by the possibility of resignification. In the movement of listening to and interpreting lyrics that dialogue with experiences of suffering, inequality and resistance, a symbolic space was opened in which each subject could recognize nuances of their own history and, at the same time, realize that these pains were not individual, but structural, produced by a system that insists on denying humanity to black bodies.

In addition, the mere fact that there are songs with these narratives present in the lyrics already constitutes a powerful sample of resignification of the image itself. By recognizing themselves in these musical narratives, the participants were able to access other possibilities of self-representation, affirming identities and reconstructing meanings that had historically been denied to them.

In the light of Fanon (2020), it can be understood that speaking and listening, in this context, operate as movements of reappropriation of humanity itself, because, by narrating themselves and being legitimately heard by their peers, the participants destabilize the cycle of silencing imposed by structural racism. This process not only breaks with the colonial logic that tries to fix identities in positions of subordination, but also strengthens subjective agency, allowing each person to recognize themselves as a historical subject, producer of meaning and capable of claiming new ways of existing in the world.

Music, in this scenario, acts as a kind of "memory trigger" that summons affections, memories and perceptions previously buried by the naturalization of violence. Collective exchange transforms these memories into elaboration, care and political power. In this way, the meeting expands to a dimension of critical awareness that vibrantly reaffirms the right to feel, name and transform what once seemed only lonely pain, but which, when shared, also becomes strength and belonging.

#### 4.2 THE USE OF DRUGS AS AN EXPRESSION OF VULNERABILITY AND RESISTANCE

Fanon sees the black body as a political territory where the marks of colonialism are inscribed, but also as a space of reaction and resistance. Drug use, in certain contexts, can be understood not as a moral weakness, but as an attempt to reconfigure the body and endure the existential pain produced by racism and exclusion.

In this sense, understanding the body as a space of dispute, as Fanon proposes, allows us to take a more sensitive look at the practices that take place in the contexts of care. Thus, by recognizing that suffering and survival strategies are inscribed in bodies in a deep and historical way, it becomes possible to understand how collective devices, such as the construction of the mural, can act precisely in the reconfiguration of these experiences. The intervention, therefore, is not limited to the act of producing a visual object, but is inscribed as a political and affective gesture that welcomes bodies marked by structural violence and enables new ways of narrating and signifying these marks.

The second intervention consisted of the construction of a collective mural, prepared with the objective of provoking reflections and promoting dialogue about drug use and social perceptions around people who use it. The proposal involved open-ended questions that invited participants to express feelings, experiences and opinions in a free and symbolic way, creating a safe space for listening and expression. The organizers closely followed the process, helping to carry out the activity and ensuring that everyone felt welcomed.

As the papers were glued together, the mural began to come to life, revealing a multiplicity of voices, stories, and emotions that, intertwined, formed a sensitive and complex portrait of the drug issue in the contemporary social context. The contents expressed evidenced profound dimensions of the human experience in the face of exclusion and suffering.

Many participants reported feelings of abandonment, family rejection, loneliness, and veiled violence. These narratives were not restricted to the act of drug use, on the contrary, they opened up social wounds that cross the body and subjectivity, evidencing how drug use is inscribed in a web of structural, racial and economic inequalities.

The responses also brought critical reflections on the social stigma that marks the "drug user" as a marginal figure – someone who has lost the right to listen and dignity. This movement of reflection confirmed what Santos, Santos, and Menezes (2022) point out when describing the worsening of the social issue in contexts crossed by exclusion, racism, and the absence of effective public policies that recognize the subject beyond drug use.

The analysis of the speeches and writings present in the mural shows what Fanon (1968) called the body as a field of struggle. Within the colonial logic, and in its continuity in contemporary structural racism, the black body is historically the target of control, repression and pathologization. It is a surveilled, criminalized and often dehumanized body.

However, Fanon also points out that this same body, which suffers the violence of the colonizing gaze, can become a territory of resistance and creation.

In the context of the intervention, drug use emerged, in some narratives, as an attempt to endure suffering, to anesthetize deep psychic suffering, and to resist the weight of social exclusion and non-belonging. Instead of being understood only as a self-destructive act, the use can also be read as a form of survival, a cry that expresses the desire to exist in a world that insists on denying humanity to certain bodies.

In this sense, the perspective of harm reduction, as defended by Passos and Souza (2011), presents itself as a fundamental ethical and political paradigm. It breaks with the moralistic, punitive and hygienist logic that has historically marked drug policies, proposing a more sensitive look, centered on the singularity and autonomy of the subject. Harm reduction does not seek to impose abstinence, but to build possible paths of care, dialogue and recognition, respecting the time and reality of each person. This logic shifts the focus from control over the body to the strengthening of life.

During the realization of the mural, this perspective materialized. The space, initially thought of as an instrument for data collection, has become a symbolic territory of collective elaboration and resistance. Between tears, laughter, confessions and gestures of affection, the mural became a mirror of human pain and power.

Reports marked by loneliness were shared by people who mentioned drug use as a way to silence the emptiness of absence or ease the weight of isolation. Others highlighted the guilt, regret, and material and physical damage caused by continued use. These feelings contrasted with speeches of hope, in which participants expressed the desire to regain control over their lives and rebuild ties with themselves and with the collective.

In the midst of the various narratives, expressions of understanding and empathy emerged. Some participants recognized that the experience with drug use had taken them away from significant aspects of their own history, but they also realized, through collective listening, that they were not alone in their conflicts. This mutual recognition was a central point of the intervention, the understanding that suffering is not individual, but socially produced, and that care also needs to be thought of collectively.

The principles of harm reduction have manifested themselves in practice, opening gaps for new ways of thinking and feeling about drug use. For some participants, this experience represented the first contact with the idea that it is possible to take care of oneself without having to deny who one is, and that care can be a choice made in freedom,

not an imposition. This approach promoted the humanization of those involved, giving them back a sense of control over their own trajectories, something that, according to them, seemed to have been lost over time. The intervention, therefore, took on a collective and political dimension.

The mural was consolidated as a sensitive listening device, in which the subjects were able to elaborate their pains, share experiences and reconstruct narratives of themselves. It symbolized a collective movement of resistance to invisibility, reaffirming the right to exist with dignity even in the face of vulnerability.

In the end, what was observed was a field of affections in circulation: tears that communicated fragility, laughter that expressed relief, frustrations that revealed attempts at change and hopes that rekindle the desire to start over.

The activity, which started from a simple invitation to write on paper, expanded into a powerful experience of human encounter, in which recognition, acceptance and the possibility of resignifying the use became the center of the activity. The mural, more than a final product, has become a symbol of collective power and the importance of practices that, instead of judging, open themselves to listening, understanding and welcoming.

Thus, the proposal showed that simple practices, when aligned with an ethical posture of care and listening, can generate significant movements in the trajectory of people who use drugs. The meeting showed that, even in the face of deep vulnerabilities and marked social crossings, there are spaces where the word can take shape, affection can circulate, and autonomy can be collectively reconstructed.

Thus, it becomes evident that actions based on qualified listening, ethical presence and recognition of the complexity that crosses each subject reveal possible paths for more humane and transformative care practices. By creating spaces for speech, circulation of affections and reconstruction of autonomy, it is reaffirmed that care is not limited to technical intervention, but is constituted as a meeting, sharing and collective construction. In this way, experiences like this demonstrate that, even in contexts marked by precariousness and stigma, it is possible to produce movements of reexistence, empowerment and dignity.

The following photograph records the moment when the collective mural begins to take shape. The glued colored papers reveal fragments of lives marked by pain, resistance and the search for recognition, narratives that often remain silenced in the streets and in racialized bodies. In this simple but deeply symbolic framework, the space is transformed

into a political territory, where the word takes shape and where historically invisible subjects can inscribe their stories.

The table in the center, with the sign "*take a piece of paper here and write what you think*", functions as an invitation and rupture: the imposed silence is broken and a space for speech is inaugurated, echoing Fanon's understanding of the body as a field of struggle and possibility of reconstruction. The image, therefore, synthesizes the power of the collective gesture, in which writing, affection and presence intertwine to produce existence where there was previously erasure.

**Figure 1**

*Photography: Stories of silenced streets*



Source: photo taken on the day of intervention 2, author's personal archive.

#### 4.3 COLLECTIVE CARE AND RECONSTRUCTION OF BONDS IN THE TERRITORY

Fanon argues that liberation is not only political, but also psychic and collective — it is a process of reconstruction of the human, which takes place in solidarity and collective action. The space of DiV3rso, as a territory of listening and coexistence, materializes this

liberating praxis, by promoting the reunion of subjects with their humanity and with mutual recognition.

The third intervention, carried out through short interviews, delved directly into the deepest layers of experiences related to substance use, bringing to the surface positive and negative effects, experiences of discrimination and individual motivations that cross both the body and social relationships.

The choice of brief but dense interviews allowed us to capture fragments of real stories, marked by contradictions, ambiguities, painful memories and moments of relief, all coexisting in the participants' discourse. The reports showed that the negative effects of use, such as the feeling of "freezing", bodily fragility, psychological fatigue and the distancing of bonds coexist with deeply human desires: to belong, to be seen, to be recognized, to be part of something. This coexistence between pain and the search for belonging shows that substance use cannot be reduced to an isolated individual choice, but must be understood as part of a broader social and affective context, where people try to deal with their wounds and make sense of their experiences.

In three of the four reports, direct, symbolic, or structural racial discrimination appeared as a cause and consequence of suffering, revealing how racism shapes trajectories, conditions opportunities, and produces scars that are written on one's own body. In two of the four reports, organized crime was cited as a central element in the beginning of drug use, either because of territorial proximity, family ties already established or social dynamics that go beyond individual control. In the other two reports, the motivations revolved around socialization and, mainly, the desire to belong, an essential desire for those who live in a full society, especially for those who have always been pushed to the margins of society.

During these interviews, mixed feelings emerged that oscillated between shy laughter, restrained crying, expressions of longing, shame, pride, fear, hope and need for support. Each gesture showed that talking about drug use is also talking about oneself, about what was lost and about what one is still trying to preserve. Unlike the conventional approach, marked by simplistic judgments and explanations, it was possible to hear visions that came directly from the experience of these people, their certainties and uncertainties, their positive and negative points, their limits and their strengths. Many of the reports carried a dense melancholy when they recalled difficult moments, family breakups, losses, violence and that boosted the radical use of drugs. At the same time, there were flashes of joy when

recalling situations in which the use enabled social connection, lightness, belonging to a certain group or environment.

Listening became as much a part of the intervention as the participants' own speech. From the socialization built there, the DiV3rso space revealed itself to be a territory of collective care and a place where active, sensitive and non-judgmental listening works as a practice of rebuilding bonds. In one of the moments, one participant showed a strong emotional reaction, and the team carried out a brief and careful intervention, ensuring immediate reception. This type of response evidences a horizontal, affective model of care, based on trust and presence, which recognizes that suffering should not be faced alone.

This movement dialogues directly with the Fanonian notion of liberating praxis (Fanon, 1968). For Fanon (1968), liberation does not only happen in large political structures, but also in daily relationships, in human encounters, in the possibility of being heard and recognized as a worthy subject. The reconstruction of the human, for him, involves collective action, the rehumanization of the gaze and the construction of spaces in which the subject can exist without being reduced to a stigma. In this sense, the DiV3rso group acts as a device for the decolonization of care by promoting coexistence, listening, welcoming and expression, it breaks with historical practices of moralization and silencing, reconnecting body, affection and social belonging.

In this way, the interventions show that care, more than a technical procedure, is a political act and resistance. Caring also means disputing narratives, confronting structural racism, dismantling stigmas, and creating spaces where marginalized lives can flourish. The sharing of experiences and mutual recognition become antidotes to the psychic and social wounds produced by exclusion. Each report not only informs, but transforms; each gesture of listening not only welcomes, but gives back humanity; Each intervention not only observes, but affirms that no one should face alone the weight of violence that crosses their body and their history.

In the end, the third intervention highlighted something even deeper about care: the need to intentionally build a safe space in which each person can express their story without fear of punishment, ridicule or erasure. A safe space is not limited to the absence of violence; It implies the active presence of qualified listening, affective availability and recognition of the experiences that constitute each subject. When narratives are received with respect, when suffering is legitimized and when survival strategies are understood within their contexts and not judged in a moralizing way, an environment is created that

allows the other to fully exist. Under these conditions, care ceases to be a set of techniques and protocols and becomes an ethical and political encounter.

It is in this encounter that bonds are strengthened, that wounded dignities find space to recompose themselves and that new possibilities of existence begin to emerge. Thus, the intervention takes on a transformative power: by offering security, shelter and recognition, it opens the way for historically silenced subjects to reconstruct meanings, claim their own voice and imagine previously unthinkable futures.

## 5 FINAL CONSIDERATIONS

The research allowed a deep and sensitive dive into the relationships between racism, drug use and social vulnerability, especially from the concrete experience in the DiV3rso extension project. This path was not limited to a theoretical-methodological investigation, it became a process of training that crossed body, thought and practice, producing important displacements in the way of understanding care, the production of bonds and the social dynamics that mark the lives of people in situations of drug use.

The experience in the countryside has revealed how much public policies on drugs continue to be structured from a punitive, moralizing and unequal logic, which historically penalizes black, peripheral and vulnerable bodies. This finding, which might seem to be just a theoretical fact, gains flesh and density when one listens directly to the subjects' narratives. Narratives loaded with pain, resistance, survival strategies and attempts to rebuild oneself in the midst of daily violence. The activities carried out through the collective mural, conversation circles, short interviews and spontaneous interventions showed in an unavoidable way that drug use cannot be understood as an isolated choice or as a moral deviation, but as a phenomenon that emerges from the articulation between social, economic, racial, affective and subjective factors.

From the interventions, it became evident that creating spaces for listening, dialogue and welcoming is not only a possible method, but is an ethical necessity. In the meetings promoted, the participants were able to share memories marked by abandonment, discrimination, racism, loneliness, psychic suffering and veiled violence, but also expressed hope, belonging, humor, creativity and desires.

The continuous contact with the words, gestures and affections of the participants reaffirmed the power of practices that value comprehensive care, autonomy and understanding of the subject in its totality. By listening to stories that intertwine structural

racism, inequality, complex family experiences, survival practices, and the search for belonging, it has become impossible to sustain reductionist or criminalizing views. The interventions showed, in practice, that care models based on moralization and control only deepen suffering, while approaches based on harm reduction, listening and mutual recognition enable the subject to rebuild his or her power to exist.

In the academic sphere, the research represented an intense process of intellectual and methodological maturation. Participation in the field required putting into practice concepts learned throughout the training, such as: coloniality, structural racism, ethical-political suffering, care in freedom, harm reduction, social vulnerability and, at the same time, recognizing their limitations when confronted with living reality. The experience allowed a deeper understanding of the qualitative method, the importance of sensitive observation, the ethics of presence and the responsibility implied in the act of researching people who live in situations of suffering and exclusion.

It was also possible to strengthen his identity as a researcher in training, especially from the presentation of partial results at a scientific event. This moment served to exercise academic communication, systematize reflections and realize that research can and should dialogue with society, giving back to the public what was born from coexistence and collective listening. Continued engagement with the DiV3rso group has further broadened this understanding, showing that the university has social responsibility and that producing knowledge implies a commitment to transforming the real world.

At the end of this journey, it becomes evident that thinking about public policies and care practices requires recognizing the complexity of social phenomena and the intersections of structural racism in people's lives. The experience lived at DiV3rso demonstrated that knowledge, when combined with coexistence, listening and a critical look, can cause significant changes in the way we understand drug use, suffering and social relationships. It also shows that care is not just a technique or punctual intervention, but a collective, implicated and relational construction.

In view of this, it is considered that the objectives proposed by the research were fully achieved. This research fulfilled above all its ethical and social commitment: to promote human dignity, strengthen bonds, recognize singularities, question inequalities and defend care practices in freedom. The research reaffirms that when knowledge is placed next to people and not above them, it becomes a tool for resistance, hope and concrete transformation.

## REFERENCES

Audebert, C., Jardim, D. F., Joseph, H., & Pinho, O. (2022). Negritude e relações raciais: Racismo e antirracismo no espaço atlântico. *Horizontes Antropológicos*, 28(63), 7–37.

Bastos, F. P. M., & et al. (Orgs.). (2017). III levantamento nacional sobre o uso de drogas pela população brasileira. FIOCRUZ/ICICT.

Bento, M. A. S. (2014). O pacto da branquitude. Casa do Psicólogo.

Bogdan, R. C., & Biklen, S. K. (1994). *Investigação qualitativa em educação: Uma introdução à teoria e aos métodos*. Porto Editora.

Brasil. Ministério da Saúde. (2003). A política do Ministério da Saúde para a atenção integral a usuários de álcool e outras drogas.

Brasil. Ministério da Saúde. (2007). Álcool e outras drogas no Brasil – 2006/2007: Relatório. Secretaria Nacional Antidrogas.

Carneiro, S. (2013). Racismo, sexismo e desigualdade no Brasil. Selo Negro.

Fanon, F. (1968). Os condenados da Terra. Civilização Brasileira.

Fanon, F. (2020). Pele negra, máscaras brancas. Ubu.

Gomes, T. B., & Vecchia, M. D. (2018). Estratégias de redução de danos no uso prejudicial de álcool e outras drogas: Revisão de literatura. *Ciência & Saúde Coletiva*, 23(7), 2327–2338.

Gunther, H. (2006). Pesquisa qualitativa versus pesquisa quantitativa: Esta é a questão? *Psicologia: Teoria e Pesquisa*, 22(2), 201–209.

Jornal da USP. (2021, 20 maio). Lei de drogas é a maior responsável pelo encarceramento em massa da população negra. <https://jornal.usp.br/diversidade/lei-de-drogas-e-a-maior-responsavel-por-encarceramento-em-massa-da-populacao-negra/>

Oliveira, J., & Azevedo, R. G. de. (2012). O monitoramento eletrônico na justiça criminal: O caso brasileiro. In A. M. da Rosa & N. M. Prudente (Orgs.), *Monitoramento eletrônico em debate* (pp. 60–90). Lumen Juris.

Passos, E. H., & Souza, T. P. (2011). Redução de danos e saúde pública: Construções alternativas à política global de “guerra às drogas”. *Psicologia & Sociedade*, 23(1), 154–162.

Rocha, A. P. (2013). Proibicionismo e a criminalização de adolescentes pobres por tráfico de drogas. *Serviço Social & Sociedade*, (115), 561–580. <https://doi.org/10.1590/S0101-66282013000300009>

Santos, P. R. F. dos, Santos, L. G. G. dos, Santos, F. F. N., & Menezes, M. T. dos S. (2022). Encarceramento em massa e racismo: A realidade no sistema prisional sergipano. *Revista Katálysis*, 25(2), 291–302.

Silva, D. da C., Silva, M. de L., & Andrade, S. M. de. (2015). O diário de campo como instrumento de pesquisa qualitativa. *Revista de Enfermagem UFPE On Line*, 9(10), 9601–9608.