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Treatment of Drug Addiction Within Brazil's Penitentiary System A Qualitative Investigation

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Treatment of Drug Addiction Within Brazil’s Penitentiary System
A Qualitative Investigation

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Abstract:

Illicit drug use remains a significant public health issue within in Brazil, and is only magnified in the state penitentiary system, where there is excessive over-crowding and a lack of resources to address this issue. The purpose of this investigation is to understand the context of drug use within the prison system as well as how is drug abuse treated by the professionals that work in Penitenciaria Lemos Brito and Cadeia Publica. Treating drug addiction is an important aspect of the inmate’s well-being as well as it’s impact on his re-integration back into society after his punishment is served. Therefore, providing support and treatment to these inmates for drug addiction is crucial for both life inside the prison and outside of the prison. Drug use is one one of the single biggest indicators for repeat crime offenders, particularly in Brazil, and in the context of Brazil’s health care policy drug addiction is considered a public health issue and thus of concern to society.

My methodology was constrained both by time and ethical limitations. 11 semi-structured interviews were performed with psychologists, psychiatrists, director of PLB, SEAP agents and social workers. With permission of present parties, I also observed interactions of psychologists, a psychiatrist, and social workers with the inmates to substantiate claims made during my interviews in the medical facilities of Penitenciaria Lemos Brito and Cadeia Publica.

From the answers to my interviews and observations, I was able to conclude that the treatment system is not particularly functional, and doesn't seem to address drug addiction in a long-lasting or effective manner, as available treatments outside of the prison system do. While there is therapy and anti-anxiety medicine offered, they seem to have little success in actually reducing the population of drug users within the prison system. I found that Cadeia Publica has greater success in addressing the drug problem than PLB does for reasons explored throughout the paper, and thus PLB should attempt to implement some of the methods of Cadeia Publica to improve the system.

Key Words: Prisoners, Healthcare, Mental Health, Penal System, Public Health, Drug Use
Resumo:

Uso de drogas ilícitas continua a ser um dos principais problemas de saúde pública dentro do Brasil, e só é ampliado no sistema penitenciário do estado, onde há excesso de população e falta de recursos para resolver este problema. O objetivo desta investigação é compreender o contexto do uso de drogas dentro do sistema prisional, bem como se dá o tratamento do mesmo pelos profissionais que trabalham na prisão Lemos Britos (PLB) e na Cadeia Pública. O tratamento da dependência das drogas é um aspecto importante para o bem estar do recluso, assim como seu impacto sobre a sua reintegração na sociedade após sua punição ser cumprida. Portanto, fornecer apoio e tratamento para estes detentos dependentes de drogas é crucial para a vida dentro e fora da prisão. O uso de drogas é um dos maiores indicadores individuais para infratores reincidentes de crime, particularmente no Brasil, e no contexto das políticas dos cuidados com a saúde, dependência de drogas do Brasil é considerado um problema de saúde pública e, portanto, motivo de preocupação para a sociedade.

Minha metodologia foi restringida pelo tempo e também pelas limitações éticas. 11 entrevistas semi-estruturadas foram realizadas com psicólogos, psiquiatras, o diretor da PLB, agentes SEAP e assistentes sociais. Com a permissão dos mesmos, eu também pude observar interações de psicólogos, psiquiatras e assistentes sociais com os detentos para fundamentar as alegações feitas durante minhas entrevistas.

A partir das respostas às minhas entrevistas e observações, eu fui capaz de concluir que o sistema de tratamento não é funcional, e não parece tratar o vício em drogas de uma forma duradoura e eficaz, como tratamentos disponíveis fora do sistema prisional fazem. Enquanto Terapia e medicamentos anti-ansiedade são oferecidos, eles parecem ter pouco sucesso em reduzir efetivamente a população de usuários de drogas no sistema prisional. Descobri que a Cadeia Pública tem maior sucesso em lidar com o problema das drogas do que a PLB, por razões exploradas ao longo do trabalho, e, portanto, PLB deve tentar implementar alguns dos métodos da Cadeia Publica para melhorar o sistema.

**Palavras-chave:** Prisioneiros, cuidados com a saúde, saúde mental, Sistema Penal, Saúde Pública, consumo de drogas
Important Abbreviations and Key Terms

**Agents/Agentes**- formally known as SEAP- Secretarias de Administração Penitenciária e Ressocialização, the security guards in the prison. They most commonly wear grey t-shirts, jeans, and tennis shoes and no visible weapons.

**CP- Cadeia Publica**: Public system, another faction of the State Penitentiary. This is one of the faction that all inmates must enter from the police station, where they wait for their judgment. Legally, it should be a maximum stay of three months, but it is common for them to exceed one year. The medical facility of CP is the second location where interviews and observation were done.

**Module/Modulo**: Different buildings within PLB. PLB has 5 modules with it’s own population of inmates, place to eat, and team of agents.

**Interno**- inmate, prisoner.

**PLB- Penitenciaria Lemos Brito**: the largest prison within the State Penitentiary system. This is the main location where most of the research and observation were done.
Introduction:
One of the most marginalized groups in society, prisoners are faced with a consistent lack of rights and an even greater lack of advocacy for their rights, which makes studying any single part of the prison system that much more important. A report done by the U.N recently reported that Brazil had one of the most over-crowded and abusive prison environments in the world (Gibb, 2012), which undoubtedly burdens and impacts the healthcare system within the prison. One of the factors that contributes to the over-crowding of the prison systems is the over-criminalization of drug abuse and drug trafficking (Boiteux, 2013). In current literature, there has been a move to consider drug addiction as not only a mental illness, but a public health concern that has to be addressed on many different layers (Smit, 2015). This perspectives helps treatment and social systems to take on the perspective of preventing the use of drugs rather than prohibiting them, which as seen by countries who have de-criminalized drugs has proven to be an effective method of treating drug abuse and drug addiction.

Since 2006, Brazil has taken a move towards decriminalizing drug use and using the Harm Reduction method. While this has been a step in the right direction, it has proven to be a significant challenge to determine who is a drug user and who is a drug trafficker, thus magnifying the relationship of race and socioeconomic status with illicit drug user prosecution. Those who are white are more likely to get fined with possession, whereas those with lower socioeconomic status and are black are more likely to get arrested for small amounts of drug use. This has led to a significant over-population of prisons, particularly excessive prosecution of drug users that are of lower socio-economic status. Thus, the majority enter the prison system without having committed a crime truly large enough to be there in the first place, and are thrust into an environment where they have even fewer opportunities, access to rights and liberties, and lack of support than they did before. In this atmosphere they continue to be dependent on drugs, and even a fair number of inmates become dependent on drugs to cope with their lives and to find a social group they can fit in with. The problem is not the illicit drug use, but the power dynamic, the violence, and excessive financial debt that the majority of the addicted inmates endure is excessive and detrimental to their well-being, as well as possibly their family and the society they will eventually come back to.
Research studies across the world show high correlations with drug use and imprisonment, and Brazil is no exception to this trend. Between 2009 and 2012, there was a 307% increase in incarceration population within Brazil, and the single greatest factor contributing to this significant increase was drug related crime (Boiteux, 2013). According to a study done in Sao Paulo in 2014, 68% of the persons arrested were in relation to some crime related to drug use or drug trafficking (Mucino, 2015). Drug use continues to remain a problem inside the prison, yet the statistics for those are highly abstract due to obvious difficulty in acquiring data. However, in a cross-sectional study survey performed in various prisons of Salvador, Bahia, Brazil it was estimated that 35% had a drug addiction, and 27% of respondents had an alcohol addiction (Smit, 2015). For comparison, in a prison in Scotland, with a similar age group but different racial and socioeconomic backgrounds, 25% admitted to using injected drugs (Smit, 2015). While it has been well established that the use and abuse of drugs continues to be a problem both inside and outside of the prison system, many countries have struggled with establishing treatments for prisoners with histories of drug use. An understanding of what successful and unsuccessful drug treatments tend to look like is important when trying to evaluate their effectiveness in this situation. A cross-sectional review by Malcom Ramsay, evaluated various aspects of drug treatment programs within several prisons and came across these trends. I believe these trends should be somewhat implemented or similar to the methods used in the Brazilian prison systems, in order to achieve optimal results of reducing use of drugs within in prison, as well as when prisoners are re-integrated into society they will be less likely to return to the world of drugs. The gaps in literature seem to be where they talk about treatment programs within Salvador prison systems and their effectiveness (Mucino, 2015).

Problem Statement:
The purpose of this study is to investigate how drug addiction is treated within *Penitenciaria Lemos de Brito Mata Escura*, a prison located in Salvador, Bahia, Brazil, by observing the treatment offered by medical professionals, educational resources available, and social support offered to those who are combating drug addiction. By evaluating the systems and resources in place for the prisoners, it can be analyzed whether the treatment (if any) has been successful in preventing the drugs or if there are ways to improve the system to increase the success of the programs.

This study seeks to further understand the relationship between drugs and the prison system, from the perspective of the professionals that work within the system. Beginning with if and how drug addiction is evaluated when the prisoner is entering the system, how the individual who has a drug addiction is medically and socially treated, what sort of educational and support systems are in place to aid the individual overcome their addiction, and how all of this impacts chance of recidivism. Another key important of this research will be understanding the context of drug use, by attempting to understand the inmate’s relationship with drugs before entering the prison, his relationship with drug use during his time in the prison, and if the relationship continues, what role that place in his likelihood of coming back.

These questions will be answered through semi-structured interviews with various professionals who have worked in the prison system, such as, but not limited to psychologists, SEAP agents, and social workers. The claims and general trends discussed within these interviews will be combined with observations of these professionals to better understand how treatment within the prison system is received.

Social Relevance:
Understanding the role that drug abuse plays inside and outside the prison in relation to incarcerated individuals is important on a societal for two particular reasons. First of all, any matter regarding the healthcare or access to healthcare for any individual within Brazil remains a public health matter, because as determined by the Brazilian constitution healthcare is a right for all individuals residing in Brazil. Inside or outside the prison, the citizen is still obligated to the right to access proper healthcare, under which drug abuse is included according to the recent law changes of 2006 which implemented the Reducao de Danos model.

Secondly, it is important because the lack of a death penalty or life sentence provides the hope that one day these individuals will become re-integrated back into society. If they are missing access to their basic rights, or leave in the same condition they entered they are that much likely to return to the prison again. Not treating people who have drug addiction problems, which is considered a mental illness is both unjust and poses the same danger to society that existed before the individual entered the prison, in terms of committing crime for drug related reasons. Thus the prison should play the role of helping empower the prisoner to rectify their behavior and if the prisoner is willing then to treat any illness they may enter the system with. Drugs use is one of and perhaps even the biggest identifier of likelihood to commit crime, and the prison community can either continue to perpetuate that relationship or the system can work to disengage the individual from drug use and it’s significant relationship with crime (Moreaes, 2015).

Literature Review:
While the Brazilian government and affiliated parties have had great success in treating some drug related problems such as HIV, they have had great difficulty in treating the drug problem as a whole. This is a result of many factors, such as the sheer number of drug users, class and race influence, and a shortage of drug abuse treatment centers (Boarini & Machado, 2013). Regardless, Brazil has been iconic in implementing a Harm Reduction (Redução de Danos) method as a public health measure to reduce the negative effects of drug use rather than prohibiting drug use. The Harm Reduction method stems from the perspective of prohibition versus prevention, which was designed to address the universal drug problem. A prohibition perspective would seek to universally ban drug use whereas prevention takes the stance of depending more on education and autonomy to prevent harmful drug use (Drucker, 2012). While the legislation continues to change, the current stance, which has been implemented since August 23, 2006 is that drug use has been depenalized, and drug users can no longer be incarcerated solely for that reason. The problem between distinguishing from drug users which is no longer a reason for one to be incarcerated from those who are drug traffickers, which continues to be a legal offense remains a challenge. That being said, many of the crimes, robbery, rape, and homicides are related to drugs and drug abuse. Drug crimes are classified “heinous” or serious crimes, together with murder, rape and kidnapping, without taking into account the degree of participation. This has become one of the main causes of overcrowding in Brazilian prisons (Smit, 2015). In 2012, nearly 40 percent of the prison population had not been sentenced and one quarter imprisoned on drug charges (Vukov, 2015). According to this study, 68% of persons in prison were there because of some crime related to drug trafficking In relation to the quantity of seized drugs among trafficking cases, 18% indicate cases of less than 20 grams and 70% is less than 1 kilogram, Regarding the type of drugs seized, there is the wide prevalence of crack (45%), followed by the crack itself mixed with marijuana (20%), marijuana (6%) and marijuana with cocaine (6%) (Giamberardino, 2014). Thus, reducing the use of drugs or reducing the harm of drugs, would most likely markedly reduce crime rates, which continues to be a concern for Brazil.

In terms of treating drug abuse the current stance to treat drug use is allowing for alternative penalties. The following is a quote from Article 28 regarding the treatment of drugs for people whose sole legal problem is the use of drugs: “Whoever
acquires, keeps, holds in storage, transports or carries upon himself, for personal use, drugs without authorization or in violation of legal or regulatory decree, shall be subject to the following penalties: I: warnings about the effects of drugs; II: community service; III: educational measures, completion of an educational course.” (Drug Law Reform in Latin America, 2015). There is little information on how this treatment perspective is actualized in prison systems, since there is significantly less freedom for the prisoners in terms of autonomy as well as options. Also due to significant over-crowding of prison systems within Brazil, there is often a shortage of resources available for prisoners, even when it comes to medical and psychiatric treatment, under which drug abuse treatment would fall. In 10 years (from 2000 to 2012) the prison population more than doubled, growing from 233,000 to over half a million (Boiteux, 2013). The over-crowding of prisons has led to a shortage of resources, which has caused a negative impact on the availability of resources.

In a study performed in 2014 of several prisons within Brazil, the following statistics about drug use were found. In the closed system, the substances most commonly used and reported as being related to a lifetime addiction were marijuana (14.8%), cocaine or crack (12%) and inhalants or benzodiazepines (9%). These numbers are considered to be significant underestimates of the actual statistics, because of clear implications of admitting to drug use within the prison system (Mucino, 2015). This shows that there continues to be an increased prevalence of drugs even in a controlled environment, which increases the risk of recidivism. Education and if the prisoner is willing to undergo drug treatment, an environment such as a prison where substances are substantially more controlled than the outside environment would be a good time to change their behavior. Thus a strong drug treatment program would have innumerable benefits not only in improving the quality of life inside the prison and decreasing drug related violence, but have the same effect in the outside world once the addiction is broken.
Methodology:

Research Setting:

All data collection took place on the State Penitentiary premises, in Prison Lemos Brito (PLB) and Cadeia Publica (CP). Lemos Britos is the largest prison within the Bahia region, and during the time of research was housing 1393 male inmates. PLB has five modulos, buildings which houses groups of varying number of inmates. Within each modulo, there is a an office for the agents, cells for the inmates, an area designated as the area to receive food, and a general area often where football or other leisurely activities can be observed. While this was not ascertained Cadeia Publica is where detainees are held until they receive their sentencing from the judiciary system. Both units had their own medical team of psychologists, social workers, dentist, doctor, and technical assistants, but CP’s team was familiar with some medical professionals such as Dr. Ivete, who is considered a specialist in the field. The majority of my interviews were held in the medical centers of both CP and PLB, with no inmates present. Interviews with agents were held in communal space of the agents, where some working inmates were present briefly. This prison was chosen because it was the closest to my homestay, PLB is one of the largest prisons in the region offering a view on how the overcrowded system affects my area of study, and because contacts had already been established between my academic organization and the prison so it would be easiest to begin researching there with my advisor.

Research Subjects:

Considering the ethical limitations of working with a vulnerable population, my interaction with the inmates was purposely limited to solely observing them in open spaces and their interactions with the healthcare professionals, in the peripheral. Where I was present in a professional consultation, my presence was announced as a student solely learning the system, but the object of my research was not announced. My focus was mainly on how the professionals regarded sensitive topics such as drug use history and current drug use. It was important to remain in the peripheral as to not make the conversation about myself or to garner extra attention, which would have deviated from the original purpose of the consultation. Along with observations, I also performed 11 interviews with various professionals that worked both in PLB and CP for varying amounts of time, which was an important quality addressed later. I didn’t
feel gender played a significant role but the majority of my interviewees were female, particularly in terms of healthcare professionals. The only men were the agents and the director, thus 4/11 subjects were male. My only criterion for choosing a professional was that they worked in direct contact, or had at one point worked in direct contact with the prisoners. Thus my interview subject sample consists of psychologists (4), psychiatrist (1), agents (3), Director of PLB (1), and social workers (2). 3 out of 11 of the interviews were from CP, which is a limitation addressed later. Please refer to Appendix I to see a conclusive list of all interviews performed. The method for choosing my subjects was a mix of snowball and convenience sampling. I would be introduced to one professional, perform an interview with them, and they would introduce me to the professional sitting next door to them. Thus my selection was a function of who was available to be interviewed and who was willing to be interviewed.

Data Collection:

As mentioned above, both observation of interaction between inmates and medical professionals in a medical setting and semi-structured interviews were performed to acquire data that would answer the designated research question. It was important to have semi-structured interview to promote the comfort of the professional in answering as much information as he/she wanted since some questions could be considered sensitive. It also allowed for more freedom to interviewee to talk about topics related to my focus that could also potentially influence my research. It was intended that these interviews would be recorded, but a majority of the persons preferred that I didn't record the interviews so all interview notes were taken with a pen and notebook. I brought two sets of the questionnaires, one for the interviewee and one for me so that they would have a better idea of the concepts I was interested in, and it was easier to maintain the flow of the interview. When an answer, or a part of an answer was not understood, it was requested that the subject repeat what they said to ensure understanding as the researcher was not fluent in the language. The first day I visited PLB and CP I chose to only observe, make contacts and have small casual conversation to increase comfort with the medical professionals. I then would ask them if in the following days I would be able to do an interview with them, and then using the snowball technique I would find more participants.
My observations were limited by ethical considerations and thus I mainly observed open spaces just to see how agents and other professionals interacted with inmates, as well as inmates during their consultations with psychiatrists and psychologists. My presence was stated, but as mentioned earlier I sat in a corner of a room, in a doctor’s coat and minimized my presence to deter from interrupting the consultation because of my presence.

Method of Analysis:

During my fieldwork days I had a designated journal where all my observations, contacts and interviews were written down. Later these notes were transcribed into a Word document noted as my journal. My interviews were a mix of English and Portuguese notes, and any words I didn't know I was sure to write the sentence down so that I could later go back and understand the word. After transcribing all my notes, I began by finding themes and reading each interviewees answer for each question and jotting down key words or ideas that were repeated through out the majority if not all of the interviews. While doing this, it was also important to solidify which ethical and general limitations impacted the results and to what extent. While identifying the limitations is easy, it was difficult to consider how they have affected the data, and how they could have or should have been reduced.

Ethical Considerations:

The entire methodology was designed keeping ethical principles in mind, thus professionals interviewed were informed about the study, provided both a letter explaining my institution and my role as a researcher as well as a paper identifying exactly what my research was about. All subjects were asked if it was okay to record, and if it wasn't if it would be okay to write. The majority of my interviews were not recorded because the subjects said the information they were telling me could get them in trouble by the State or they were afraid to openly talk about drugs and drug violence because of the Chefs- drug lords within the prison. In this situation I asked if I had permission to write, and on occasion when they said no I put my pen down and that information wasn't recorded nor will it be brought up in this monograph. Also to further secure their names, only their first names are used and are used throughout this monograph with permission. During the results in particular, it is attempted to keep
their names in general as much as possible, and only when a powerful quote or a specific example is used is a name specified in an effort to not draw too much attention to these professionals.

My direct talking interaction was limited with the inmates, because due to my short time within the prison I hadn’t had enough experience to talk to these people about a problem that is so invasive in the prison community. Also, my direct communication with them would have occurred in the medical area during their consultation and I didn't feel it was remotely appropriate to take their or the medical professionals valuable time to do my research rather than focus on their health problems.

Methodological Limitations:

Working with a vulnerable population such as prisoners and drug users itself creates ethical limitations that should be minimized. In order to answer my research question in an ethically sound way, there were some limitations that had to be made that may have impacted the data. First of all, this question was only answered through the perspective of the medical professionals, where I would argue that understanding the perspective of the inmates is equally if not more important. While most of my interviews were trusting and went smoothly, I could tell that some of the professionals, particularly the agents were unwilling to show me the whole picture, making the perspective of the inmates and relatives of the inmates that more important.

Along with that, the challenges of working with a population and a community I had very little experience with proved to be a great learning experience but may have affected by ability to observe since I was also adjusting to the environment and maneuvering the space. While all the professionals were willing to talk, it was evident that the best quality interviews came from those that I had spoken to several times before actually conducting the interview. The language barrier was also definitely a limitation, because there are some words which may have a different connotation. I tried to make a list with the words, and later show it to a more proficient speaker, preferably a native. While I can say I understood the majority of what was being said, there are bound to be some details that were missed because of lack of fluency and the ability to record the conversation.
In terms of collecting data from field experiences, the time was limited, only three weeks and I was dependent on having somebody take me to the prison since I couldn’t enter the premises without a professional. This made it difficult to do field observations more than three times a week along with interviews, since the majority of the people I went with would only stay for half a day. While I spent less days at CP, I spent the equivalent time there since I would stay there until approximately 4:30 rather than leaving at 1 from PLB. The number of interviewees is also limited, but is also representative of the sample of medical professionals I had access to interview in the first place. Every day there is a team of less than 10 medical professionals working towards providing healthcare for a great number of patients.
Results:

Due to the time constraints and ethical limitations, these results come with heavy considerations. However, I do feel that I was able to find the answer to my question and gain a significantly better understanding of the Brazilian state penitentiary system as a whole compared to when I walked in to PLB on the first day. The bulk of my results come from interviews, which were further ascertained by observations. To describe the results in a concise fashion, I will summarize what the fair majority and significant outliers said to each of the key questions that I felt either directly answered my question, or helped contextualize the drug use situation both inside and outside the prison. It should be assumed that the focus is PLB professionals, and CP professionals are used solely as a brief comparison since they are different entities within the system. To review interview questions asked, please refer to Appendix III (attached). To see the detailed answers of each interview, please refer to ISP Journal (not attached).

Drug Use as a Problem Within the System:

The amount of elaboration in response to this question varied significantly, where some gave a simple yes whereas others contextualized how and why drugs were a problem. In short, drugs are a problem. Most of my interviewees ventured to say that this was the biggest problem within the system, and was the root cause of violence, some of the poor health conditions, and has a significant impact of the overall wellbeing of the prison population. To contextualize drug use within the prison system, I asked to give a rough estimate about out of 100 inmates how many would use drugs. The lowest number received was 70/100 ranging to 100/100. The most frequent number given was 90/100. When I asked the Dr. Ivete, the psychiatrist that has worked there for 25 years, she said that less than 3/100 will truly leave drugs in the prison system because of the current life inside the prison and lack of treatment systems. Drug use in a social context is not solely a problem because of physical harm it causes, but it is inextricably linked to violence both inside and outside the prison. Dr.Ivete further claimed that the there are “chefs”, gang-leaders and gangs within the modules that are just as organized if not more organized than outside the prison. They function the same way as they would outside the prison, let the inmate accumulate debt, and if they are eventually unable to pay then either they are killed, or their family is. Families are often forced to sell their belongings to pay for the debt of the
inmate inside the prison, and often they are often killed in the mix. If a neighborhood chef is arrested and brought into the prison, and he is not kept in isolation often he will create a much stronger ring than what he came in with. Drugs are common for several reason, the biggest and most repeatedly provided answer is that the atmosphere inside the prison is very stressful, there is a lack of things to do during the day, and generally a lack of social and familial support. Often people who don’t come in using drugs, start using drugs because their cell mates use drugs and it’s an easy way to cope with their reality. In the office of the Director, there is a huge white board categorizing the population of each module, how over-populated it is, and what percentage is either studying or working. This picture can be referred to in the Appendix. From here, it was observed that less than 50% is either studying or working. Meaning that more than 50% is staying in the cell day after day.

*Role of The Professional in Overcoming Drug Addiction:*

Each type of professional played a different role in terms of treatment, but overwhelmingly the greatest response was, “what treatment”. That a direct form of treating drug abuse or addiction simply just didn't exist within the system. The psychiatrist gives medicines such as Dizepam, Risperiodna, Carbamazepina which are all drugs to help relax the body and reduce symptoms of withdrawal, but as admitted by Dr. Ivete and observed during consultations it only leaves the patients very sleepy. There is therapy offered, but the system of how an inmate would receive it seemed to be unclear. When I asked the agents, they didn’t have a specific answer only that their names were chosen like the lottery system, according to Iracildo, the agent chef. But when I asked the psychologists, they said that the inmate could go to the agent and ask for an appointment and there would be a chain of command and an appointment would be set up. So, this part of how to receive the treatment remains ambiguous to me. In terms of therapy, I was unable to take part in this visitations for obvious ethical reasons, but I did observe that they only seemed to happen in the afternoon with 1-2 psychologists maximum. During the primary interview, it was briefly asked if the inmate was currently using or had used drugs in the past, and on occasion one of the psychologists I observed asking if the inmate was familiar with CAPS, but in general when an inmate said they used drugs and was entering into the system, there was very little to no discussion about what his options would be for treatment within
the prison system. When asked about this to the professionals, it was admitted that most of the users will continue to use drugs within the prison, and that a very very small percentage will actually permanently leave drugs, as mentioned earlier. In summary, the basic resources offered are therapy, biowestern medicine such as pills to treat with withdrawal symptoms, and occasionally religious support. If a patient has a severe withdrawal attack, overdoses, or becomes violent because of drug use he is generally taken to a medical hospital or a doctor where he is kept under watch. Patients are occasionally taken to Juliano Morreiro psychiatric hospital, which is the biggest in Salvador region.

_Why the Current “Treatment” Isn’t Working, From the Perspective of the Professional:_

The current resources primarily identified as a treatment for drug abuse-therapy with a psychologist and anti-anxiety medicine to help relieve withdrawal symptoms. This system was only observed in the medical facility, where I observed the nurse technician creating packets of the medicine with the name of each inmate written. However, when I asked her how it was ensured that these individuals were consuming the medicine, she gave a nervous laugh and a shrug. Later, when she was more comfortable with me, she told me that often these pills get sold and are a form of currency within the prison because of their side effects. As mentioned by Benedicto, an agent the therapy doesn’t work as well as the psychologists like to think because the reality of the prison life is so different from the inside of the psychologist’s office. “Inside the office, the inmate will think he can leave the drugs, but he goes back into his cell and his six other cell mates are using marijuana or cracke, how will he leave it?” (Benedicto, 26/11/2015). Also, various psychologists confirmed that they were only able to meet with an intern once every month, unless it was considered an extreme emergency, in which case he would most likely go to a hospital unless a doctor was immediately available to provide medicine (Emanuela, 19/11/2015). Many of the interviewees said there is a lack of education, a lack of support, lack of manpower, and mainly lack of resources to truly due anything that would have a long-term and influential impact on the system.
**How to Improve the System:**

By far, the one thing that was unanimously said was that more man-power and more resources were needed. The law says that there should be two agents for one inmate if the inmate is walking outside of the cell. In all my time there, I only saw this once where this ratio was maintained. What was more common was to have a group of 2-5 inmates with one agents. In one of the modules I was able to observe, for 530 inmates, there were 5 agents, 2 of which were busy bringing various inmates back and forth from the medical facility. The lack of agents to bring the inmates to the medical facility is a very big problem, and there are times where inmates miss their appointments because of this. This is also a problem because even if a psychologist wants to meet an inmate, she/he is unable to do so because of the shortage of guards.

Another idea mentioned by both a guard and two psychologists would be to improve the education for both professionals and inmates about drug use. Janielly, one of the psychologists I interviewed showed me SUPERA, which was a government published series of seven textbooks that went over common drugs, their effects, how to reduce harm and other things. She said that only some of them had read this, but most, especially the agents hadn’t. Reading this would have been helpful she said, if they actually had the resources, the time, and the workers to implement some of the concepts they had, but this proved to be impossible.

**Cadeia Publica**

Cadeia Publica had a few systems in place that were very different from PLB, and I believe they are worth mentioning so that they can be compared in the following section. In general, CP has significantly less of a drug problem for a variety of reasons. There are much stricter visit checks, all visitors go through a strenuous pat down whereas PLB only uses a metal detector, so significantly less drugs enter. Also, CP itself is a structure that is only six years old, so all the agents, medical professionals, the entire professional team. According to both agents and psychologists from PLB and CP, this creates a less corrupt team that is more attentive, since they aren’t as burnt out as agents who have spent 25 years in PLB. Also, the inmates are more in line, and tend to have more fear because they are yet to be sentenced. The medical facilities from face value appear to be the same as PLB, but there is no actual observation or data to further ascertain this claim, except that the
rooms looked similar in design and similar technology was available in each room at first glance.
Discussion:

The most powerful quote from the entirety of my interviews and observations came from Dr. Ivete when she said that “the prison system does more harm to the individual than the society that brought them here”. This perspective can easily be ascertained through the over-populated cells, the ripped shirts, the lack of resources, and finally the lack of attention being received by one of the biggest problems in the system. Not a single interviewee-regardless of their professional role, their academic background, their years of experience could deny that drugs was one of the biggest, if not the biggest problems in the penitentiary system. This problem doesn't just encapsulate drug use, it involved corruption of agents, lack of security since the visitors aren’t just bringing in drugs, the violence created in the prison is equivalent if not worse than the violence created outside of the prison. Yet there is such little being done about such a grave problem, that is becoming increasingly worse because a multitude of factors. According to Dr. Ivete, drugs have been a problem since the beginning, but before it was only marijuana and cigarettes. In the past six years as crack has become a significant problem in the Brazilian society, this exact change in drug use has been mirrored inside the prison system too. The problem is it gives a better high, is more addictive, more in demand and thus more expensive. Leaving inmates to do drastic things just to possess a few stones, including but not limited to doing laundry for other inmates, exchanging sexual favors, and committing acts of violence in exchange for money or drugs. Yet, such little is done to reduce the prevalence of this issue, to reduce the violence, to treat the patients if they wish to be treated. Access to psychologists, to medical professionals, to social workers is limited simply because of the ratio of inmates to professional is very low. As substantiated by every interview from agent to director, there is a huge lack of manpower to facilitate what the prison should be offering.

The illicit drug use issue is a undoubtedly connected to several much larger issues at hand, that I had learned about through my academic experience in Brazil and through my secondary research about this topic, but my experience in this prison showed me to what magnitude the conditions of the prison mirror the complete lack of regard society has for this population. How inevitably we as a communal society both directly and indirectly play a role in putting these inmates there and are somewhat responsible for the fact that they have a very high chance of returning, partially
because of their conditions inside the prison and partially because of what they will return to. As mentioned in the introduction, the recent law change seems to have improved the conditions for drug users of one background, and facilitated disproportionate consequences to the drug users of another racial and socioeconomic background.

When I asked one of the PLB agents, Benedicto what were some of the biggest factors that contributed to illicit drug use in general and in the prison, he smirked and grabbed my hand to lead me outside the module. He pointed his finger in front of him and guided my shoulders in a semi-circle and asked me what I saw. I only saw favelas. The entire area was encapsulated by favelas. He said this is the only world they (the inmates) know, and it’s full of drugs and violence. When they come to the prison, this is the only way they know how to act, this is what they know. If we have to do something, it has to be before they end up here. He guided the conversation into Redução de Danos, and how on paper it was such a good system, but where they needed it implemented the most- it was virtually non-existent. He said one of the biggest reasons drugs are such a problem inside the prison is because it is such a big problem outside the prison as well. When they come to the prison addicted to cracke, they have two options. Either leave it and undergo the withdrawal symptoms amongst other changes he must endure. Or find a vendor and become his friend. The latter is easier, more accessible, offers more security, and an easier way to get through his castigo, his punishment. The first option however, is inaccessible for the majority, and generally ineffective. In fact, they run more risks visiting a therapist because it creates a sense of mistrust when he returns back into the cell, because his cell-mates and co-inmates will think he is telling the therapist the secrets of inside. The fact that to continue using drugs is easier than visiting a therapist is a clear indication that the system to treat drug use is weak. I would question this, but my entire time there I only saw 1 or 2 psychologists at a time, they very rarely did consultations during the morning, and their list of patients had a maximum of 8 patients, and it was rare that all 8 inmates were actually seen for various reasons. Dr. Ivete would spend less than five minutes with each inmate when talking to them about whether they should continue the drug or not. This isn’t a reflection of the professional per se, but as a whole the system. There is one psychiatrist to deal with PLB and CP, where PLB alone has 1,393 prisoners, 616 inmates more than the capacity. In my six visits to PLB, I only met with a doctor once.
Outside the prison system, the treatment for drug use has improved significantly with the creation of SUS. There are 2,200 Centros de Atenção Psicossocial, known as CAPS. 364 of these are intended for addicts of alcohol and drugs, 64 of which are open 24 hours. In addition to the public facilities, the government has contracted with 371 therapeutic communities, offering over 8000 vacancies for the treatment of drug users in Brazil. The amount paid by the government entities is 1,000 reais a month for each adult and 1,500 reais a month for each teenager or mother (Pelligrini, 2015). While this system of treating drug abuse has not completely resolved the drug use issue that has proven to be such a prevalent problem, it has certainly provided resources and improved the system. The psychologists at Cadeia Publica have a Whatsapp group message with the psychologists at Pellourinho CAPS, and whenever there is a need for extra support, the psychologists from CAPS will come to CP and talk to the inmate. Likewise, if an ex-prisoner comes to that CAPS location, the psychologists will often contact the psychologists from CP to ask for more advice or a better profile of that inmate. This relationship was facilitated by Janielly, who before working at CP had been working at CAPS and continued the relationship. This is not a standard, however, it seemed to have a great deal of success and she said that because of this relationship she felt that the number of people who were able to break their addiction to drugs was increased because of this resources. Because inside CP it was maintained by lack of drugs, but once they left they felt they had resources outside that could help them.

When I asked why the system of drug treatment was so weak in a casual conversation during lunch with a group of professionals at PLB they said that the biggest underlying reason was that the population that is affected here, is the population that nobody cares about. For people outside of this prison community, believe that these people should stay here and suffer. But they don’t realize two things, one that the there is indirectly a specific population targeted and brought here. And that when they leave, and within a week they enter again, it is because of the societal structures that play a role in how they operate their day to day life. However, in some prison models found in Switzerland and Amsterdam, the perspective of Reduction in Harm is much more facilitated in the prison systems than it is in Brazil (Smit, 2015). I also found it interesting comparing the numbers of predicted drug use from the literature review, to the estimates of the professionals I interviewed. The
published values for overall Brazil are so much lower, but when I asked some of the psychologists about what some of the other prison situations were like, she said that while PLB was higher, it wasn’t that much higher. Janielly said that over-crowded prisons and high drug use go hand in hand, and where there is large populations of drug-users there is bound to be violence (Janielly, Dec.1.2015). This claim was later substantiated by another case study in in a state of Brazil, Pernambuco where very similar conditions of over-crowding, lack of opportunity and resources drug use and consequently excessive violence (Acebe, 2015).

The research found before the fieldwork began compared to the observations and information acquired via interviews show that there is a significant gap of understanding in persons who are outside of the prison, and those are about what the problems actually are in the prison. It is also important to consider that the problems that the prison faces are for the most part connected. Over-crowding and over-population increases violence not only by increased interaction, but also because it’s easier to hide things such as drug use from the guards. There is more competition for fewer resources, increasing the stress of the environment.

After the law change in 2006, where only drug traffickers can be arrested rather than both drug users in an effort to propagate Redução de Danos, however from the perspective of the professionals that I interviewed and my personal observations of the prison population, it only perpetuated drug use being a race and socioeconomic issue. According to an article, Descriminalizar as drogas, superar a violência, “since the law change in 2006, there has been a 132% population shoot in the range, making Brazil the fourth largest number of prison population. Of the people arrested from trafficking, it is estimated that roughly 70% have not committed drug related crimes that warrant arrest” (Moraes, 2015). In poorer areas, such as favelas it’s simply much easier to be arrested for trafficking compared to in richer areas, where if caught with drugs, it’s a warning or a simple fine of possession. This was observed in various cases of inmates when they were explaining the reason they were apprehended during the entrance interview. One inmate said he got caught with two packets of marijuana around the corner of a drug lord, and he just got swept up in the police pick-up. But as Dr. Ivete said, the prison does more harm to the people than the society does. The people who shouldn’t have even been in the prison in the first place, end up getting involved with drugs because of the stress and the environment and other factors, and consequently get involved with drug-related crime. When they leave, they are have
even less opportunities because they are ex-inmates, and end up working in the drug world once again.

Having a weak, or practically non-existent treatment for drugs is particularly harmful not only for the life of the individual during the prison but how it effects his life when he leaves the prison. If drugs become his solace inside the prison, how can be expected to leave it the day he leaves the prison. If the chef of the prison becomes his support system, his mentor, his social group, then when he leaves how will that relationship not continue. When he leaves without receiving more education, without learning a new trade, how can he be expected to be reintegrated into society, when finding a job for him will be even more difficult than before. Where exactly does society expect him to go except for back in prison, because of committing another robbery to gain money. The Brazilian penitentiary system gives a maximum of a 50 year sentence, the purpose is not a life-time of punishment but a chance to learn the tools in prison to re-integrates one’s self into the society. The other name of agents are Ressocializaçao, yet to the degree to which this was done from my four weeks of experience was limited at best. This is further ascertained by recidivism rates. During every interview, I asked all professionals what the recidivism rate was and the average answer was between 70-80%. It’s a hard number to estimate, thus this number should be used cautiously, but it’s a number that is coming from people with a lot of experience within the system. The high rate of drug use is connected to the other problems inside the prison, as well as the relationship with recidivism. In my interview with Janielly, she said “they come here because of a crime they committed because of drugs, here they continue to use drugs, when they leave, within a week they will commit another crime because of one drug or another” (Janielly, Dec.1.2015). When I asked what the biggest indicator of recidivism was, the majority of the professionals listed lack of opportunity, drug use, and lack of family support.

It is evident from my themes found throughout my interview and observations that the inside of the prison only magnifies the problem of society that brought them here in the first place. Institutional racism, structural violence, lack of opportunity or resources disproportionately endured by a certain profile more than any others. The population here, for the most part comes in using drugs, continues to drugs, and will leave only to return simply because of drug use. While it is not the only place to implement Redução de Danos model by implementing education, therapy, and more
resources to treat drug addiction, it is certainly one of the places that would have the most effect. Here they are estranged from their previous social groups, it is their chance to reconstruct their reality, but due to a lack of resources, a lack of manpower, and a lack of care by the government or society, these people continue to remain in the same condition.

A strong case can be made to use CP as a model for how to improve PLB with current resources, such as enhancing a relationship with CAPS to help build a support system inside the prison system that can last outside as well. In one of my interviews with Clariana and Janielly, they discussed how earlier in the year had group therapy sessions and group drug education sessions which were very helpful. The group was autonomous, small groups and if one individual left the rest of the group could choose to add another or leave the group with that number. They would choose topics, and the psychologist would lead the conversation, and it was really helpful for everyone. The psychologists were able to treat more patients at once, create a relationship with the inmates, and the inmates were able to create a social group that could last even when they went back to their cells. Also, they had better check-in structures for the visitors to help limit the contraband entering the system, which seemed to be a very big problem in PLB. While these may not resolved the serious drug use problem inside the prison, it’ll surely help to reduce it by giving the people who want to leave drugs a better support system than the currently nearly non-existent, once a month therapy session.
Conclusion:

Statement of Findings

The lack of results in terms of professionals being able to identify a consistent treatment program for those who are addicted to drugs is an indicator the current system is weak and not universal throughout the system. From the interviews, it was evident that from the perspective of the professionals, drug abuse was a serious problem both inside and outside the problem, and very little was successfully being done about it. When it came to improving the system, the main answer was to increase the number of professionals and to increase access to resources, which are seemingly easy things to implement. When asked why they are yet to be implemented, the frequent response, particularly by psychologists was “but who cares about the prison population?” One social worker (who preferred to remain anonymous) followed this sentence by saying, “it is easier for the government for these black men to stay in the prison” (Anonymous, Nov. 26, 2015). Outside of the prison system, Brazil has been a leader in providing healthcare to all with its universal healthcare system and in treatment of drugs with its Redução de Danos movement, but both of these incredible components of the Brazilian society seem to be missing in some form here. There is little education, little choice, few resources to aid the people who are seeking help.

Limitations of Research

While I found the results of this study to be insightful, I do believe that there were some limitations that must be considered when considering the results of this study. Firstly, four weeks is a very short time to understand a complex structure such as the penitentiary system, particularly the one of Brazil. The language comprehension played a big role in my experience, particularly when it came to understanding interviews that I wasn't able to record, and understanding the conversations between the inmate and professional. I was fortunate to clarify doubts and I would write key words done to later look-up, however undoubtedly this affects the quality of my interviews and observations. Also, with some of the professionals, particularly the psychologists, psychiatrists, and director I had spent a significant amount of time with
before the interview, so I felt that they were open and trusted my reason and purpose of research. They were honest and receptive of my critical questions but I felt it was a little harder for the agents to answer in the same way. This may have been a factor of many things, but I think the primary reason was that I hadn’t established a relationship with them before the interview and that the area of interview was in a more open place. Another significant limitation is that in some of the conversations with the agents, it was brought up that there are several religious groups that come to the prison several days a week and offer spiritual guidance and play a role in the many of the prisoner’s lives. I was unable to form any contact with this group despite several attempts, however, I do feel that they play a role in this treatment process and could possibly indicate another type of treatment that this study doesn't address.

Suggestions for Future Research

It is imperative for research to continue on one of the most vulnerable populations to ensure that their rights are being upheld, and the social and public health structures that would have been available to them outside the prison are also available to them inside the prison. For this reason, I think it would be worthy to research different prison models and their treatment on drugs, and compare their population to the population of PLB. I also think a study more directly integrating prisoners and using them as data subjects to better understand their perspective would greatly improve the validity of the results of this study. Also, comparing the results of this prison to the other nearby prisons, such as the women’s prison would also enhanced the validity of these results and surely provide a comparison for results. Finally, as mentioned in the previous paragraph, there seems to be a significant religious influence inside the prisons. In a future study, the role of evangelical church in the treatment system could be evaluated.
Works Cited


Janielly. Interview. December 1. 2015

Ivete. Interview. November 30. 2015

Iracido. Interview. November 26. 2010


APPENDIX I - NAME OF INTERVIEWEES

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<td>Dr. Ivete</td>
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Please note that last names are not included to help keep anonymity of individuals, however, verbal permission to use first names was obtained.
APPENDIX II- Sample Informed Consent

Termo de Consentimento Livre e Esclarecido

Prezado(a) Senhor(a)

Gostaríamos de convidá-lo(a) a participar de nosso estudo: Como o consumo de drogas é tratado dentro do Sistema Prisional em Salvador, que tem como objetivo entender como o consumo de drogas é tratado sob uma perspectiva preventiva e como as leis brasileiras, que consideram esse consumo um problema de saúde pública, são implementadas no sistema prisional.

A pesquisa, consistirá na realização de entrevistas, observações e/ou participações junto aos participantes do estudo e posterior haverá a análise do conteúdo destas entrevistas e/ou observações. Será conduzida dessa forma, pois pretendemos trabalhar com a experiência de vida dos(as) participantes da pesquisa.

Trata-se de um estudo, desenvolvido por Samantha Jain orientada pela Dra. Ivete Maria Santos Oliveira.

Garantimos que, a qualquer momento da realização desse estudo, qualquer participante da pesquisa e/ou estabelecimento envolvido, poderá receber esclarecimentos adicionais que julgar necessários. Qualquer participante selecionado(a) tem o direito de recusar-se a participar ou retirar-se da pesquisa em qualquer fase da mesma, sem nenhum tipo de penalidade, constrangimento ou prejuízo. O sigilo das informações pessoais dos participantes será preservado, especificamente, quanto ao nome, à identificação de pessoas ou de locais. Todos os registros efetuados no decorrer desta investigação científica serão usados para fins acadêmico-científicos e serão inutilizados após a fase de análise dos dados e de apresentação dos resultados finais na forma de monografia ou artigo científico.

Em caso de concordância com as considerações expostas, solicitamos que assine este “Termo de Consentimento Livre e Esclarecido” no local indicado abaixo. Desde já agradecemos sua colaboração e fica aqui o compromisso de notificação do andamento e envio dos resultados desta pesquisa. Qualquer dúvida ou maiores esclarecimentos, entrar em contato com a responsável pelo estudo: e-mail: gabriela.ventura@sit.edu  Telefone: (71) 99719.6010 (do SIT Study Abroad: Brasil-Saúde Pública, Raça e Direitos Humanos).

Aluno: Samantha Jain
Estudante no Programa do SIT Study Abroad:
Brasil-Saúde Pública, Raça e Direitos Humanos

______________ , _____ de ______________ de 2015
(cidade)

Orientador(a): Gabriela Ventura
______________________________

Orientador(a): Ivete Maria Santos Oliveira
______________________________

Eu, ____________________________________________________________, assino o termo de consentimento, após o esclarecimento e da concordância com os objetivos e condições da realização da pesquisa “Como o consumo de drogas é tratado dentro do Sistema Prisional em Salvador”, permitindo, também, que os resultados gerais deste estudo sejam divulgados sem a menção dos nomes dos pesquisados.

__________________________ , _____ de ______________ de 2015
(cidade)

Assinatura do Pesquisado(a)
APPENDIX III - SAMPLE QUESTIONAIRES
Semi-Structured Interview Questions- for Professionals Working Inside Prison

1. Please begin a bit by describing your role as a professional within the prison system, how long you have worked here etc?
2. Do you think drugs are a hard problem inside the prison?? why?
3. What role do you see yourself playing in the prisoner overcoming drug addiction?
4. Please describe in general how you treat patients/prisoners with drug abuse?
5. In your opinion does drug abuse begin inside the prison or do prisoners come with this problem?
6. Does your over all care for that individual change because you become aware of their use of drugs?
7. How has the treatment of drug abuse or drug addiction changed over time?
8. Do you believe the current perspective has more success than failure when it comes to treating patients who abuse drugs?
9. What factors do you think influence the individual’s likeliness to complete the treatment or to return to drugs?
10. What faults do you see in the system?
11. Where area of drug treatment do you find could improve the most, and what would you do to realize these changes?
12. Do you think that drug use is a significant problem within the prison?
13. Do you think there is a relationship between drug use and recidivism?
14. What do you think about the power/role of the drug dealers inside the prison?

1. Você pode começar descrevendo seu papel no sistema prisional? Há quanto tempo você trabalha aqui?
2. Quanto grande e problema de drogas entre de prison?
3. Que papel você desempenha na superação dos presidiários dependentes de drogas
4. Descreva como você trata seus pacientes que tem problemas com drogas ou histórico de abuso de drogas?
5. Você acha que o tratamento dado a esses indivíduos mudam porque você esta ciente que eles usam drogas?
6. Como o tratamento do abuso de drogas ou dependentes de drogas tem mudado ao longo do tempo?
7. Você acredita que a atual perspectiva tem mais êxito do que fracasso quando se trata de tratar pacientes que abusam de drogas?
8. Qual fatores você acha que tem influencia no desejo de finalizar o tratamento ou voltar a usar drogas?
9. Que falhas você vê no sistema?
10. Que aspectos de tratamento de droga você acha que podem melhorar e o que você gostaria de fazer para realizar essas mudanças?
11. Você acha que o uso de drogas é um problema significante na penitenciaria?
12. Você acha que há uma relação entre o uso de drogas e sua reincidência?
13. Poderia falar sobre de papel de chefs entre de prison que dan drogas a internos?
APPENDIX IV- CATEGORIZATION OF PLB INMATE POPULATION

This image was take November 17\textsuperscript{th}, 2015, and is an image of the white board that can be found in the Director’s office. This image shows the population, how many excess inmates are in each module, the number being educated, and the number working, as well as foreigner population and sick population.
APPENDIX V- ISP Evaluation Questions

1. **Could you have done this project in the USA? What data or sources were unique to the culture in which you did the project?**

   With my current contacts in the USA, I would find it hard to perform this type of research there because I wouldn't have somebody to guide me through the system. The type of observational fieldwork would be much less accessible to me, particularly as an undergraduate student. I am aware that to enter the prison system of Colorado, I would have to have a background check and several interviews just to enter the system, whereas here I just needed to enter the premises with a worker there. I found that the PLB was very open and receptive to my research despite only being an undergraduate student. I believe that the US would not be as open or receptive to my research proposal because my lack of academic and professional experience.

2. **Could you have done any part of it in the USA? Would the results have been different? How?**

   If I had the appropriate contacts to guide me through the American prison system and perhaps with more academic experience I would be able to perform the interview aspect of this research, but I believe observation would have been challenging. I know very little about this subject outside of the context of the Brazilian penitentiary system, so I can not say if my results would have been different.

3. **Did the process of doing the ISP modify your learning style? How was this different from your previous style and approaches to learning?**

   As a student I think I become much more independent in terms of designing my own schedule, and remaining persistent when one idea didn't work out. I learned how to be flexible in my research goals and to take advantage of resources that I hadn’t expected to be offered to me, as well as working around the fact that I was lacking resources that I did think would be available to me. There were some qualities that I had before this project, but throughout the course of the project they became stronger qualities such as being more of a conversationalist and talking to people who I had never met before. I learned to be a much more organized student, I was never much of a journaler but performing this research in a different language required that I write everything down, and being in such a different environment I had many feelings that I found that writing was a great way to express how I was feeling throughout my day. There were anecdotes that I wanted to process later, so I made sure to write down key words that would remind me of that event so that I could later come back to them. Writing as a form of expressing myself is a trait I have always had difficulty with, but this process definitely strengthened that weakness for me.

4. **How much of the final monograph is primary data? How much is from secondary sources?**
Secondary sources were only used as either a support or a comparison to what was observed in the field, so I would make the claim that the majority of this monograph is primary data. Before entering the field I had difficulty finding sources that directly talked about my topic and PLB or Salvador in general, but through my experience I was able to acquire a more resources and my Portuguese level improved enough that I was better able to understand those sources.

5. What criteria did you use to evaluate your data for inclusion in the final monograph? Or how did you decide to exclude certain data?
   One of the biggest reasons to exclude certain data was ethical reasons, that some of my interviewees gave me information that would contextualize the drug problem but they seemed apprehensive letting me publish that or put that in my paper since there could be potential fall-out from that information being released. Other than that, I chose to keep any information that could directly answer my question or help contextualize the drug use situation to help prove that this is an issue that needs to be addressed within the penitentiary system. *

6. How did the "drop-off's", community projects, and/or field activities contribute to the process and completion of the ISP?
   The drop-offs, community projects, and other field activities were a light introduction into the professional culture of Brazil, they helped prepare me in terms of showing me what my language skills would need to be like to perform my interviews and have success when observing, and also how I would completely be at the terms and schedule of these professionals since they were doing me a favor. I think my ability to be flexible was definitely strengthened throughout my process here. Learning how to get to places, using the bus system, understanding Brazilian hospitality and how that should be reciprocated, opening myself and being the first to introduce myself rather than being more passive about meeting people, are all things I either gained or improved through previous field experiences.

7. What part of the FME course most significantly influenced the ISP process?
   The green journal was helpful because I hadn’t ever used a journal to record experiences before, but that was a good practice to prepare for what I would need during my ISP. Also, I think the community project was a great experience in learning which methods would lead to greater outcomes. *

8. What were the principal problems you encountered while doing the ISP? Were you able to resolve these and how?
   My biggest problem was getting an interview with a doctor and managing to stay in contact with my advisor. Due to their busy lives and hectic schedules, it was often that I would be waiting for an hour for a meeting or to go to the prison itself, but I don’t think I could have resolved this except for continuing to be persistent and flexible.

9. Did you experience any time constraints? How could these have been resolved?
   While one month at first sounded like a long and intimidating time to perform research in a completely different language, it turned out to be a very short time and not nearly sufficient. I was very persistent in going to the prison
whenever an opportunity presented itself to increase the amount of field experience I would have, so I was forward in reaching out to people and asking them to meet up somewhere so that I could enter the prison system with them. The bus system was a little dangerous in that area, since the entire prison is surrounded by Fovelas and tends to have a high crime rate, so I didn’t feel comfortable always using the bus system and preferred to leave with a professional but eventually to be able to spend more time in the prison I just began using the bus system, because usually the psychiatrist or psychologist left after lunch whereas I wanted to spend my afternoon there.

10. Did your original topic change and evolve as you discovered or did not discover new and different resources? Did the resources available modify or determine the topic?
   My original topic stayed relatively the same, but my approach was enhanced because I was able to include more observations and a greater number of interviews than I thought I would be able to. Also, I gained access to studying Cadeia Publica, which was nice because I was able to compare something to PLB, which I hadn’t expected to do. Initially I planned on spending all my time in PLB, but I met a psychologist who worked in CP, so I began going with her and it was very different than PLB which added another layer of complexity and details to my research. Without her, I probably would have limited my research just to PLB.

11. How did you go about finding resources: institutions, interviewees, publications, etc.?
   I was definitely dependent on the snowball effect with my advisor but also my family members and local friends were a great support in helping me find people who worked or had worked in the prison system that I could contact via Whatsapp. For publications, I asked some of the psychologists about what they read to stay up to date on current issues within the prison, and would do Google News searches once a week to see if anything pertaining to my topic had occurred. This entire project would have never been possible without my academic director Gabriela and Paula who were such a big help and just as persistent as me to reach my advisor, the most important contact I needed to even enter the prison system, much less do a research project there.

12. What method(s) did you use? How did you decide to use such method(s)?
   I used semi-structured interviews, which I felt were the best form for my type of research since each individual had a completely different background and different perspective so to help understand that my interview left room for anecdotes, relevant facts and any other information that the interview may have wanted to give. Doing it in person was also a huge asset because then I could ask follow-up questions or comprehension questions on the spot. I also used observation to ascertain the extent to which what the interviewee was saying was true and how prominent was addressing the drug use issue within the prison a part of the consultation. My methods were limited by ethical considerations, language comprehension, prison regulations (I couldn’t actually enter the cells and talk with the inmates or see where the drugs are being used) and time feasibility.
13. Comment on your relations with your advisor: indispensable? Occasionally helpful? Not very helpful? At what point was he/she most helpful? Were there cultural differences, which influenced your relationship? A different understanding of educational processes and goals? Was working with the advisor instructional?

I think her general role within the prison, and her information which she shared with me was helpful. But her role as an advisor in terms of sharing resources, suggesting contacts, setting up meetings, helping me analyze my work was not as significant. However, observing her work as a psychiatrist, having conversations about different aspects of the prison were definitely a huge part of my research and I am entirely grateful for all the things she did offer to me. During our conversations we spoke a mix of Portuguese and English, which was definitely helpful and I appreciated that much. For me as an advisor, the biggest way she helped was helping me get into the gates of the system, but there were often times where she said she would do something and it just never got done regardless of how much I tried to follow up on it. For example, I never had access to a prison doctor, despite her saying she had various friends that would be able to help me but I was never able to receive their information.

14. Did you reach any dead ends? Hypotheses which turned out to be not useful? Interviews or visits that had no application?

I don’t think I had reached any dead ends, if I wasn’t able to interview one professional I was fortunate enough to have many others who were open to talking to me. I think all my interviews contributed to my research in some way or another, some perhaps just contributed more directly. For example one agent recommended me to interview another agent, but when describing the purpose of my research he described it differently so the second agent focused all his answers in terms of Reducao de Danos which wasn’t the primary focus of my research.

15. What insights did you gain into the culture as a result of doing the ISP, which you might not otherwise have gained?

Since my first day here, the Brazilian people have in general been very helpful and accommodating and this was only further ascertained through my research. There were times where I didn't understand a word and rather than moving on, the individual would pull out his phone and use Google Translate or take five minutes just to make sure I understood the idea. For me, they were surprisingly transparent and honest about their flaws in the system and even considering where they could improve themselves which I think is a big step when talking to a stranger. Punctuality is definitely not a strength in the Brazilian time, but there were so many other things that I encountered that made me fall in love with the culture here. Seeing the prison system made me realize that the prison is an exact mirror of the outside society, but magnified. The same population that doesn't have work outside will also not have work inside, the same people that suffer from health problems outside will also face the problems inside.

16. Did the ISP process assist your adjustment to the culture? Integration?
I made a lot of Brazilian friends while I was doing my research, I met a lot of medical students that were really nice and even began to spend time with them in an effort to improve my Portuguese. I thought this time would be hard, and that I would stay with the SIT group and thus my Portuguese would suffer but I managed to spend more time with locals and really got to understand the healthcare system and culture better from their perspective.

17. What were the principal lessons you learned from the ISP process?
I definitely learned a lot about swallowing my ego and double-messaging a prospective subject. But jokes apart, I learned a lot about how important it is to make other people feel comfortable about your presence before jumping in to observe or ask questions about how well they are performing their job. This sounds like it’s a given, but in reality it’s not because we don’t practice that in our day to day lives.

18. If you met a future student who wanted to do this same project, what would be your recommendations to him/her?
There are a few things I did that I truly believe contributed to my success that I would recommend doing, one is starting random conversation with pretty much anyone in the prison and somehow integrating your topic into it. I learned almost as much from random conversation outside the Director’s office as I did in formal interviews. Wearing a doctor coat help maintained a professional atmosphere particularly with the inmates, and drew slightly less attention so I think that was really important. What I wish I could have done is focused more on building a more trusting relationship with Agents because I think their interviews would have been much more detailed and to an extent painted a more honest picture if they could have trusted me more. While I did become familiar with some agents, I didn't have the opportunity to interview them, rather I interviewed agents I was meeting for the first time and I didn’t feel as if the majority of them trusted me completely.

19. Given what you know now, would you undertake this, or a similar project again?
Undoubtedly, I have gained so much from this experience and I can only imagine what more I could have learned with more time or a greater scope of resources. I think the prison system truly magnifies what exists in the society, and is a really important but marginalized population that needs to be understood in a much greater depth before improvement can begin.